



सत्यमेव जयते
Government of India



Health Management Information System (HMIS)

an empowerment media

Preliminary Observations
and Data Issues

August, 2009

Ministry of Health & Family Welfare,
Government of India, New Delhi

Email: hmis-nrhm@nic.in

<http://nrhm-mis.nic.in>

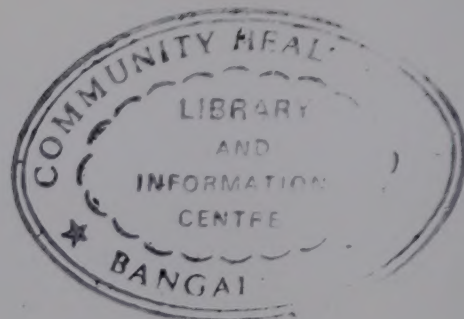
For circulation, please

21/8/09

11471

11471

CPHE - CL



FOREWORD

The National Rural Health Mission (NRHM) was launched in 2005 with a view to bringing about dramatic improvement in the health system and the health status of the people, especially those living in the rural areas of the country. The Mission seeks to provide universal access to equitable, affordable and quality health care which is accountable and at the same time responsive to the needs of the people. The Mission also seeks to reduce child and maternal deaths as well as focus on issues like population stabilization, gender and demographic balance. In this process, the Mission would help achieve goals set under the National Health Policy and the Millennium Development Goals.

National Rural Health Mission (NRHM) has led to the improvement in performance of all programmes for child health, maternal health, population stabilization, disease control, disease surveillance etc. by filling the gaps in basic provision for health services. In its short journey of four years, NRHM has demonstrated how significant changes can be brought about in the number of outpatient cases, inpatient cases, institutional deliveries, drug availability, diagnostic services, nurses, paramedics, doctors, specialists and emergency ambulance services. This is also evidenced by the drop in key health indicators over the last few years. The Maternal Mortality Ratio (MMR) is down to 254 (2004-06) from 301 per 100,000 live births (2001-03) and IMR is down to 55 (2007) from 58 per 1,000 live births (2005). Institutional deliveries have increased to 47% (2007-08) from 40.9% (2002-04) and full immunization coverage of children up to 2 years has gone up to 54.1% (2007-08) from 45.9% (2002-04). The performance in Family Planning Services has also registered improvement after going down in earlier years. A large number of these indicators are based on surveys conducted by independent institutions like the Registrar General of India and International Institute for Population Sciences, Mumbai.

The administrative reporting in the Health Sector has primarily been based on paper reports and returns which have led to delays in preparation of analytical reports. In October 2008, the MoHFW launched a web enabled HMIS portal that facilitated district level data capturing and preparation of analytical reports. The focus of MoHFW was to encourage States and Districts to migrate their legacy data from April 2008 onwards on to the portal so that during the current financial year, more intelligent analysis would be forthcoming. Prior to this exercise, the MoHFW was relying primarily on State level reports. As there has now been a change in the reporting system, the figures for 2008-2009 onwards would not be strictly comparable with the data for the earlier years. Moreover, the States have been constantly encouraged to check their data and reports from time to time especially for the year 2008-2009 so that their base line data at the district level is accurate. As the HMIS system evolves, both the Health Managers and the public at large would be able to undertake meaningful analysis of the information available on the portal for policy interventions. The HMIS system is being expanded on various dimensions including sub district level penetration and integration with other National Health Programmes so that the HMIS becomes a single point of reference for all health related information.

FOREWORD

The purpose of this book is to provide a comprehensive overview of the current state of research in the field of [topic]. It is intended for researchers and students who are interested in the latest developments in this area. The book covers a wide range of topics, including [topic 1], [topic 2], and [topic 3]. It is written in a clear and concise style, making it accessible to a broad audience. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics. The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field.

The book is written by a team of experts in the field, who have worked together to provide a comprehensive overview of the current state of research. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics. The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field.

The book is written in a clear and concise style, making it accessible to a broad audience. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics. The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field.

The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field. It is written in a clear and concise style, making it accessible to a broad audience. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics.

The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field. It is written in a clear and concise style, making it accessible to a broad audience. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics.

The book is a valuable resource for anyone who wants to stay up-to-date on the latest research in this field. It is written in a clear and concise style, making it accessible to a broad audience. The book is organized into several chapters, each focusing on a specific aspect of the field. The first chapter provides an introduction to the field, while the subsequent chapters delve into more detailed topics.

CONTENTS

1. INTRODUCTION	3
A. NATIONAL RURAL HEALTH MISSION	3
B. HMIS – A DIGITAL INITIATIVE	3
C. HMIS INDICATORS	5
2. ANALYSIS OF HMIS DATA	6
A. MATERNAL HEALTH	6
B. CHILD HEALTH	16
C. IMMUNISATION	20
D. FAMILY PLANNING	22
E. SEX RATIO AT BIRTH	25
F. SERVICE DELIVERY	26
G. NRHM INITIATIVES – BASED ON NRHM DIVISION REPORTS	31
3. HMIS CHALLENGES	34
A. DATA QUALITY / VALIDITY	34
B. REPORTING DELAYS / DATA GAPS	34
C. COMPARABILITY WITH SURVEY DATA	34
D. SYSTEMIC ISSUES	35
4. HMIS - THE ROAD AHEAD	36
A. INSTILLING CONFIDENCE - DATA DISCIPLINE	36
B. ACCELERATE PACE OF TRAINING/ CAPACITY BUILDING	36
C. EXPANSION OF MONITORING ACTIVITIES THROUGH ICT	37
5. KEY HEALTH PROGRAMMES	38
A. JANANI SURAKSHA YOJANA (JSY)	38
B. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)	39
C. REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)	40
D. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME	44
E. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)	46
METHODOLOGY FOR COMPUTING INDICATORS	75

1. INTRODUCTION

A. National Rural Health Mission

The National Rural Health Mission (NRHM) was launched in 2005 with a view to bringing about dramatic improvement in the health system and the health status of the people, especially those living in the rural areas of the country. One of the Core Strategies of NRHM in achieving its goals is to strengthen capacities for data collection, assessment and review for evidence based planning, monitoring and supervision. The NRHM Framework proposes accountability through a three pronged approach of internal monitoring (MIS), Community based monitoring and External surveys (SRS, DLHS, and Household Surveys).

NRHM is an umbrella programme encompassing the various health and family welfare initiatives and programmes of the Ministry of Health & Family Welfare, Government of India. These include the Reproductive and Child Health Programme – Phase II (RCH II), Universal Immunisation Programme, and the various National Disease Control Programme. With the launch of NRHM, there was an urgent need for a centralized health information division covering all the programme specific data needs and also routine RCH and public health related information so as to meet all information needs of MOHFW for NRHM and related programmes on a single platform.

B. HMIS – A Digital Initiative

The HMIS (Health Management Information System) web portal was launched by the Ministry of Health and Family Welfare (MoHFW) on 21st October, 2008 to enable capturing of public health data from both public and private institutions in rural and urban areas across the country. The portal is envisaged as a “Single Window” for all public health data for the Ministry of Health and Family Welfare. The web portal also has data from NFHS, DLHS etc. and will subsequently have data from Concurrent Evaluation and other such surveys as and when the data is available.

Before the launch of the web portal, the NRHM physical performance formats were rationalised and divided in to 5 separate formats, one each for District Hospital, Sub Divisional

Reliable and timely health information is an essential foundation of public health action and health systems strengthening, both nationally and internationally. This is particularly so when resources are limited and funding-allocation decisions can mean the difference between life and death. The need for sound information is especially urgent in the case of emergent diseases and other acute health threats, where rapid awareness, investigation and response can save lives and prevent broader national outbreaks and even global pandemics.

Framework and Standards for Country Health Information Systems - WHO (2008)

Hospital, CHC, PHC and HSC and their equivalent health institutions (both public and private). The rationalised formats were then e-enabled in the HMIS web portal that was developed by MoHFW in collaboration with a solution provider, namely, M/s Vayam Technologies Ltd. (formerly "iBilt Technologies Ltd."), selected through a tendering process. The web application would also be maintained by the solution provider.

The HMIS application has been developed using ASP Dot Net in the front end which facilitates its access through common web browsers. The application's analytical power is provided by a data warehousing engine (SAS Technologies). The web portal has been hosted in the data centre of the National Informatics Centre (NIC) in New Delhi. The hardware powering this web portal consists of state of the art blade servers along with high bandwidth internet connectivity being provided by NIC/NICSI. This ensures lower down time of the application while a large number of HMIS users are logged in. To quantify, on an average, there have been over 5000 page views on this portal on a daily basis and users from 31 countries have also visited the portal.

The MoHFW initially rolled out the HMIS up to the District Level and as it stabilises, the application will be expanded to the Sub District/Block level. The disaster recovery site is being configured at NIC Hyderabad as per established protocols.

The salient features of the HMIS web portal are:

- Web-based Data capturing system
- Easy interface and navigation
- Dispensing with paper forms
- Workflow similar to physical reporting system – draft and committed
- Entry at District level to begin with
- Includes District Level FMRs
- Both online and offline modes of entry
- Facility based data capturing
- Automatic aggregation
- Key indicators to be generated for local level use
- Intelligent analysis for use at all levels
- Standard and Custom Reports
- Modular, expandable, scalable
- Ever evolving based on feedback from users

Apart from the physical performance, the web portal also includes the Financial Monitoring Report from District level upwards, which allows the districts and States to enter their FMRs on a quarterly basis. The HMIS web portal users can generate Standard Reports for routine monitoring based and also to facilitate State / District level users in analysis for initiating local action.

The HMIS is not just a data capturing and reporting tool. This portal is being evolved as an "Information Dissemination" media for all health related information. This would facilitate various stakeholders like public health personnel, academicians and public at large to

encourage debate and promote informed decision making in fine tuning health related Policy Initiative. The reports emanating from the data committed by the States will be available in the public domain. The authorised users have a provision for logging on to the portal and generating reports based on provisional data as well. The web portal has a "Notifications" section which contains important letters and instructions sent to the States regarding Monitoring and Evaluation activities.

The MIS for the National Health Programmes would be amalgamated with the HMIS portal interface. This will facilitate the district users in having a single point of data entry for these programmes and for generating their reports.

The valuable feedback and the active participation and co-operation of the various stake holders in the Ministry, State Governments, Development Partners, District and Sub District Users and Researchers has been instrumental in enhancing the features of the portal. The MoHFW is committed to continuously enhancing the portal's functionality and features to encourage all stake holders to dialogue and debate through a common platform in the public domain. It is envisioned to be a Gateway to all public health related information for the country.

C. HMIS Indicators

Conventionally, information flows from various Health Institutions and gets aggregated at various levels like the Block, District Headquarters, State Headquarters and finally at the national level. Each level of data aggregation leads to delays in the flow of information and as a result of which critical reports and analysis gets delayed. This information needs to be processed quickly and automatically in order to generate indicators to analyse the relative performance for the various health interventions. It was also observed that a large amount of time was spent on aggregating data for preparing the reports which could have been utilised for more productive activities including analysis and sending feedback. The web enabled HMIS is a step in this direction where data aggregation and analysis is automated.

As such any health information remains incomplete unless it is compared with socio-demographic information and thus a hierarchy of indicators needs to be evolved to ensure that they are relevant for the level where action is to be taken. Information on the population and its dynamics come from various sources like census and sample surveys, primarily undertaken by the Registrar General of India and leading research institutions like the International Institute for Population Sciences, Mumbai.

2. ANALYSIS OF HMIS DATA

The wealth of information getting captured on the HMIS portal provides an exciting opportunity for analysing the current status and trends on a host of health parameters. This data can be used to look at the country level status, state-wise comparison of performance, and also trends over time. States can further analyse district-level and facility-level trends to identify the performance of the districts and blocks and take appropriate action. The analysis presented below is only for a few indicators from a host of others that can be generated through the HMIS portal¹.

The National Rural Health Mission has categorised the States in the following categories on the basis of their health indicators and focus of the Mission. The State have thus been categorised as:

Category	Sub-category	States
High Focus	North East (8)	Arunachal Pradesh (ArP), Assam (AS), Manipur (MN), Meghalaya (MG), Mizoram (MZ), Nagaland (NG), Sikkim (SK), Tripura (TR)
	Non-North East (10)	Bihar (BH), Chhattisgarh (CG), Himachal Pradesh (HP), Jammu & Kashmir (JK), Jharkhand (JH), Madhya Pradesh (MP), Orissa (OR), Rajasthan (RJ), Uttar Pradesh (UP), Uttarakhand (UK),
Non-High Focus	Large (9)	Andhra Pradesh (AP), Goa (GO), Gujarat (GJ), Haryana (HR), Karnataka (KN), Maharashtra (MH), Punjab (PB), Tamil Nadu (TN), West Bengal (WB)
	Small and Union Territories (8)	A & N Islands (AN), Chandigarh (CH), Dadra & NH (DNH), Daman & Diu (DD), Delhi (DL), Kerala (KR), Lakshadweep (LD), Pondicherry (PD)

A. Maternal Health

A.1. Antenatal Care

A.1.1 First Trimester ANC Registration (out of total ANC registration)

A pregnant woman enters the RCH system when she gets herself registered for ANC. Registration in the first trimester gives an opportunity to screen her for anaemia and other health conditions and provide her the first dose of tetanus. It also increases the likelihood that the woman will choose skilled attendance at birth. Registration and ANC in the first trimester is

¹ The methodology followed and the definition of the indicators measured is provided in Annex 1

an indirect indicator of availability/access to services and awareness/ health seeking behaviour in the context of RCH.

The national average of women availing ANC in the first trimester in 2008-09 is reported to be 44%. The High Focus Non North-East States have shown a higher proportion (36%) of ANC registered within the first trimester as compared to only 4% in the Non-High Focus large states.

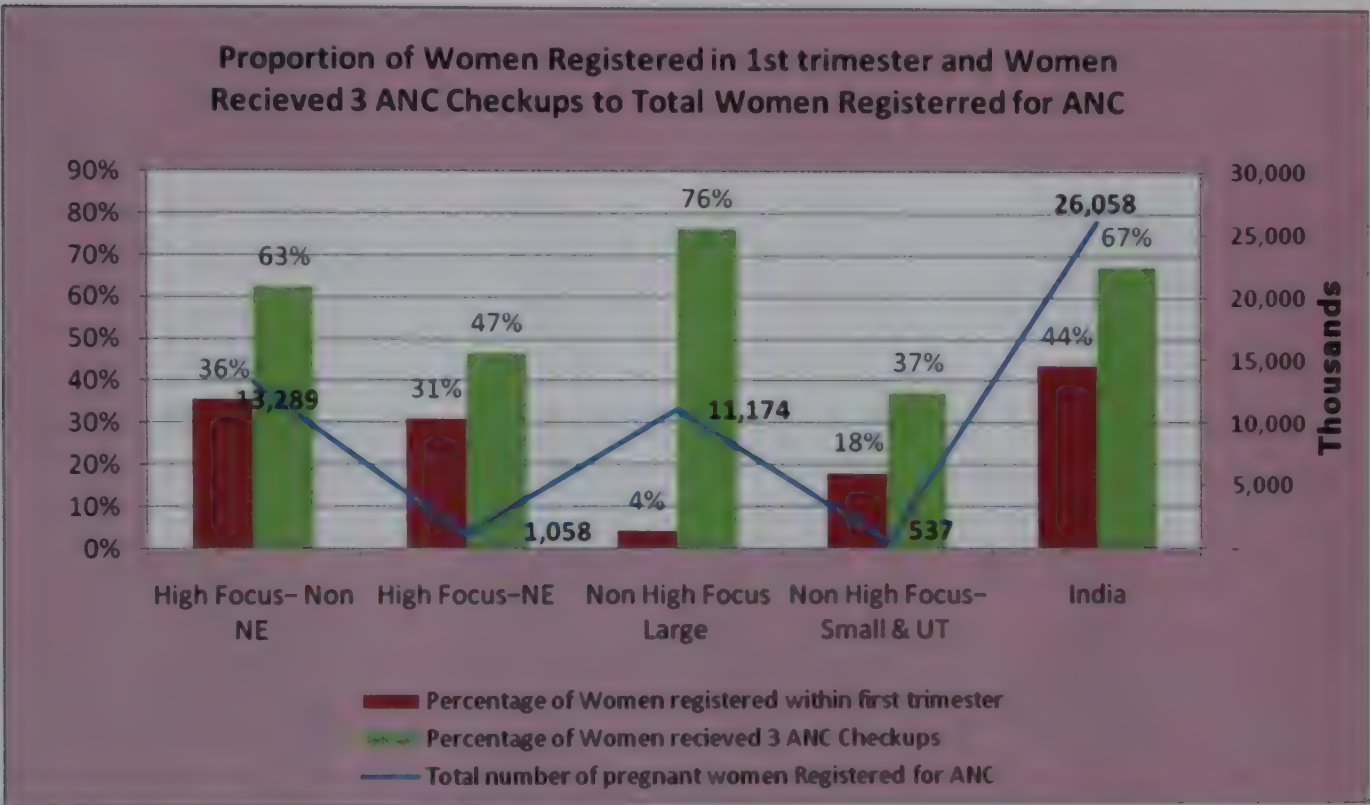


Fig.1. Trends in 1st trimester ANC registration & 3 ANC checkups: 2008-09

The range of performance by states varies from 9.2% (HP) to 75.6% (TN). Thirteen states have reported more ANC Registration in 1st trimester than the All-India average of 44%. Eight states and UTs which have reported more than 50% ANC Registration in 1st trimester are Maharashtra, Kerala, Rajasthan, Andhra Pradesh, Karnataka, Gujarat, Andaman & Nicobar Islands and Tamil Nadu. State wise performance needs more examination vis-a-vis the various state-level interventions including induction of additional ANMs and ASHA's.

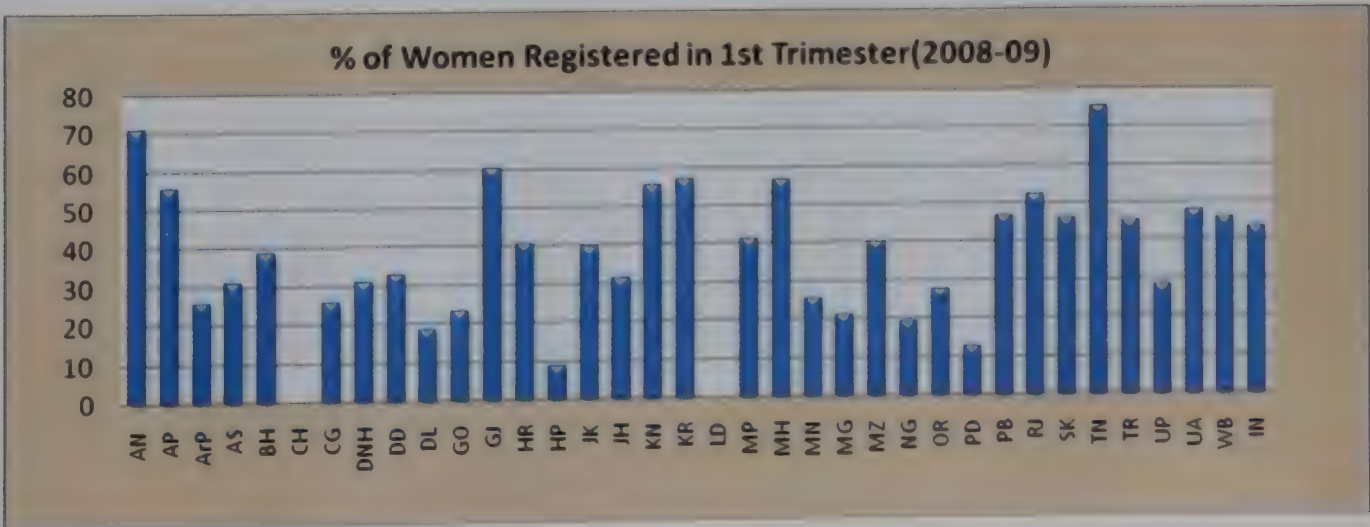


Fig.2. State wise First trimester ANC registration: 2008-09

A.1.2 Women receiving 3 ANC checkups (of total ANC registered)

ANC visits are a unique opportunity for early diagnosis and treatment of problems (anaemia, vaginal bleeding, pre-eclampsia / eclampsia, infection, abnormal foetal position after 36 weeks, abnormal foetal growth or movement, HIV, syphilis, malaria, malnutrition) in the mother and prevention of problems in the newborn. RCH programme envisages a minimum of 3 ANC by ANM or medical officer. Counselling on nutrition and provision of IFA supplementation both for prophylaxis and treatment of Anaemia is a part of ANC.

During 2008-2009, the proportion of pregnant women receiving 3 ANC check-ups was 67% as against the first trimester ANC registration of 44% (Figure 1). Thus, several women contact the health provider at a later stage of pregnancy (beyond the first trimester) and remain in contact to complete the recommended 3 ANC check-ups.

There is a variation in performance across states; the range varies from 8.9 % in D&NH to 90% in AP. In 15 states, more than 70% of the registered women received 3 ANC, while 6 states have reported more than 80%. Five states are below 30% after excluding the Union Territories of Andaman Nicobar islands, Lakshwadweep and Daman & Diu, as their data were incomplete.

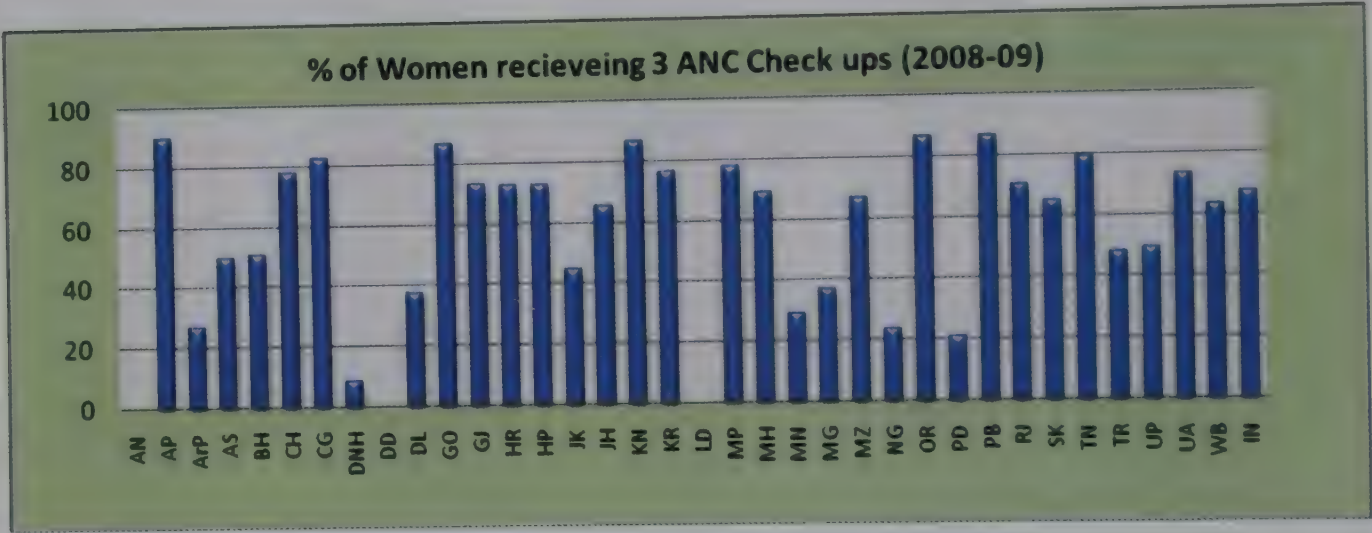


Fig.3. State wise 3 ANC checkups: 2008-09

A.2 Delivery Care

A.2.1 Institutional Delivery

Institutional delivery is a key RCH strategy. Janani Suraksha Yojana has led to creation of enormous demand for institutional delivery. HMIS data for 2008-09 shows the national average of institutional deliveries² at 69% of the 14.8 billion reported deliveries. The Non-high focus states have exhibited 83% of deliveries conducted at institutions while it is 56% for high focus (non-North East) states.

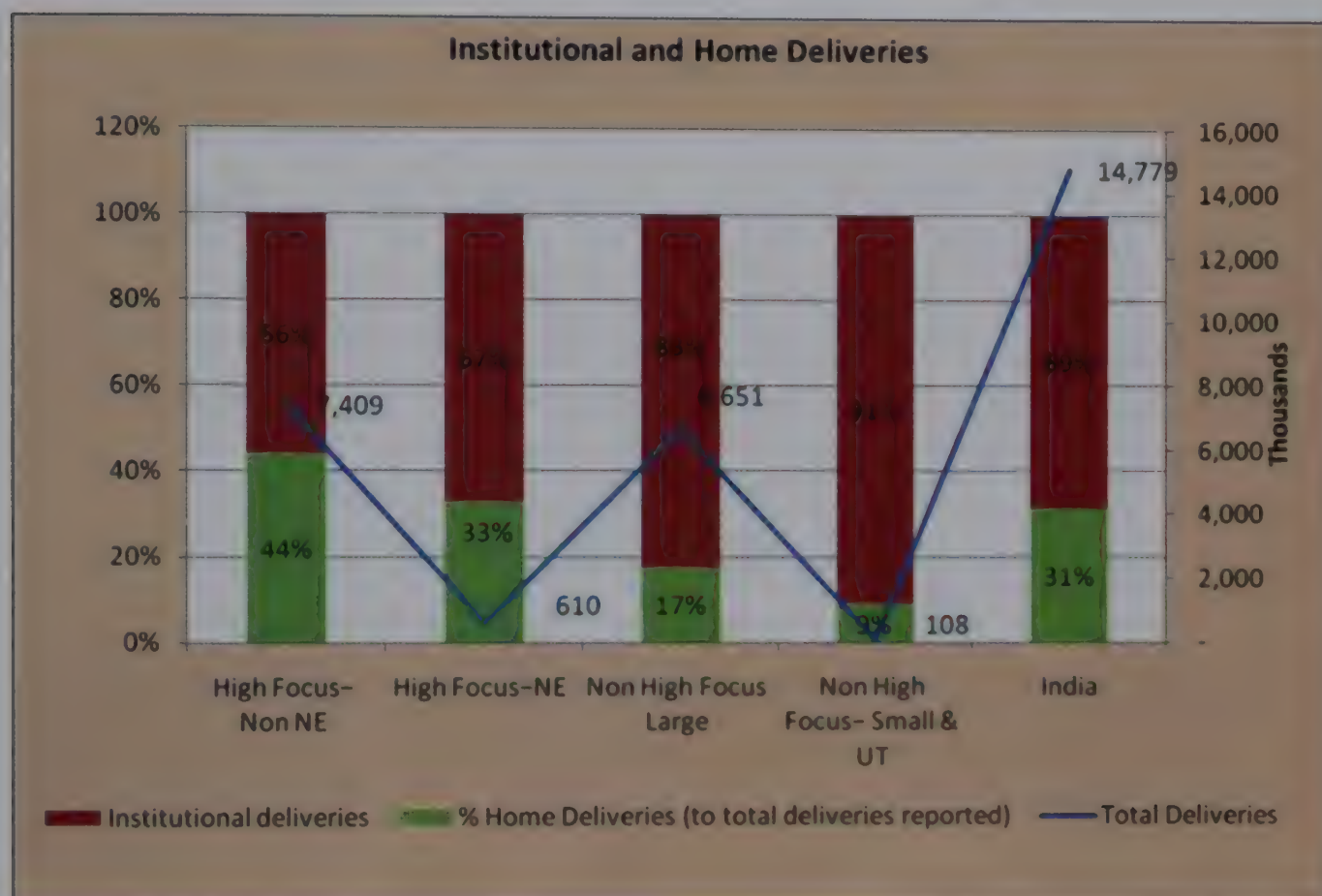


Fig.4. Trends in Institutional Deliveries, 2008-09

The range of performance reported by states varies from 18.3% in Jharkhand to 100% in Puducherry, Lakshadweep and Daman & Diu. Four states (Jharkhand, Chhattisgarh, Uttar Pradesh and Meghalaya) have reported less than 40% institutional delivery. Thirteen states and UTs which have reported more than 80% coverage are Puducherry, Tamil Nadu, Karnataka, Arunachal Pradesh, Andhra Pradesh, Delhi, Dadra & Nagar Haveli, A&N Isles, Lakshadweep, Daman & Diu, MP, Maharashtra and Gujarat.

² Measured as deliveries in public and accredited private institutions upon total deliveries reported (including the above and home deliveries).

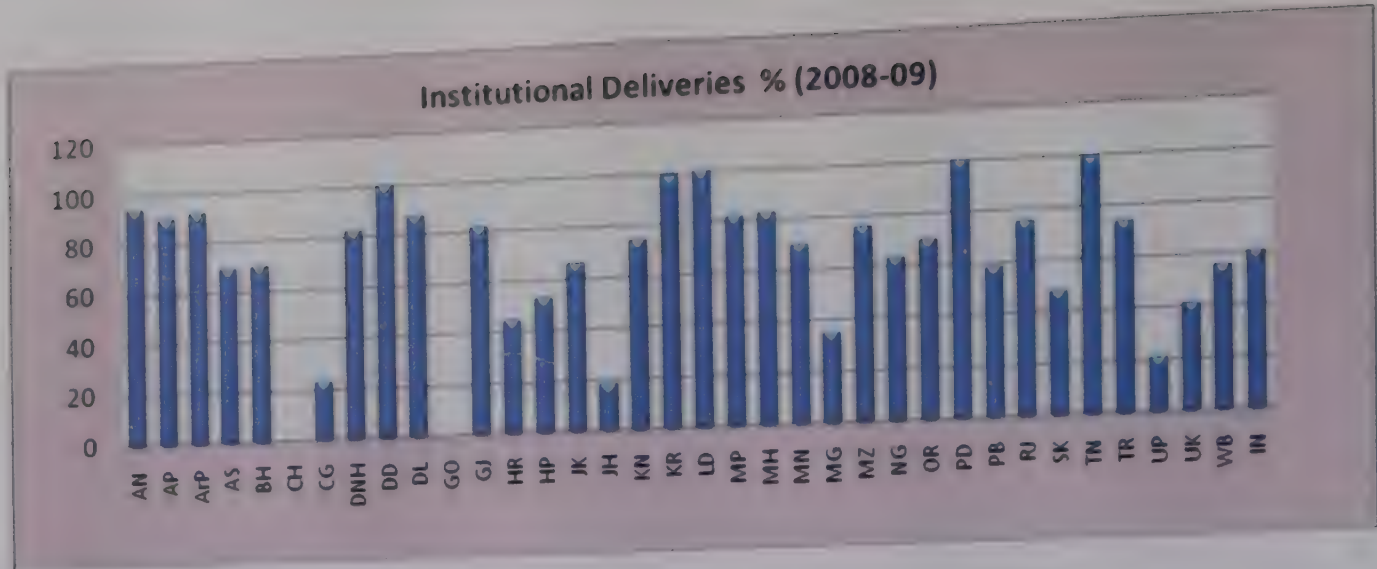


Fig.5. State wise Institutional Deliveries Percentage: 2008-09

A.2.2 Safe Deliveries

Apart from the institutional deliveries, many births take place in homes with the assistance of skilled birth attendants. All the deliveries conducted by skilled birth attendants either at an institution or at home are considered safe delivery.

The national average reported is 84% with the highest proportion being reported from Union Territories (95%), followed by High focus NE (92%).

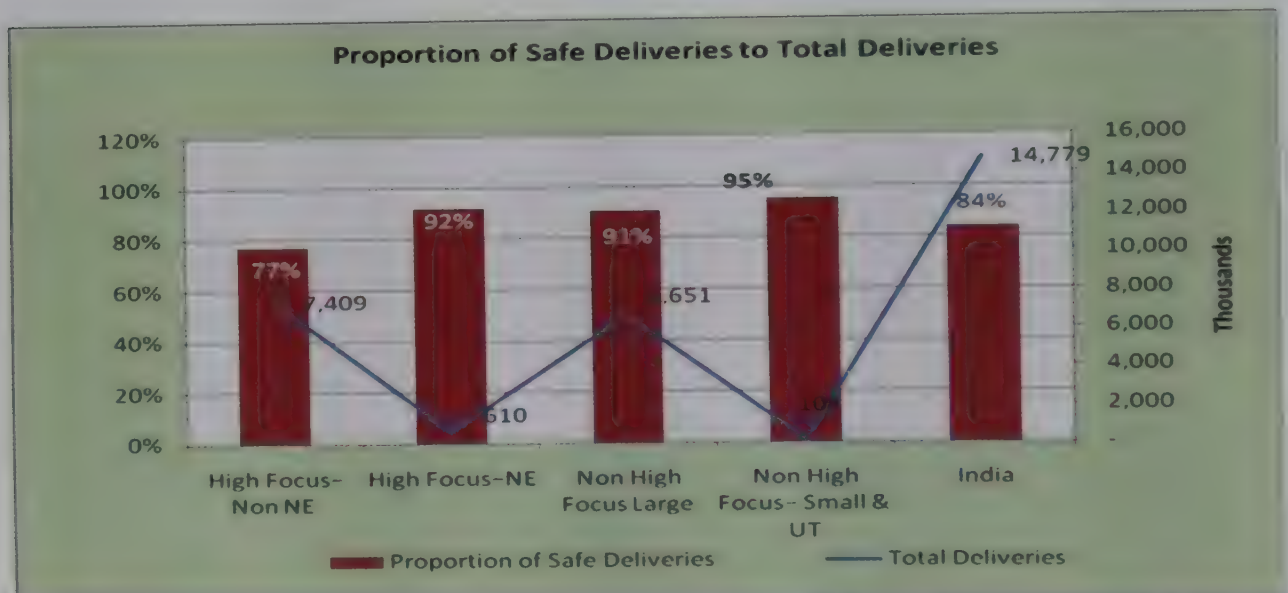


Fig.6. Trends in Safe Deliveries, 2008-09

The range of performance reported by states varies from 8.3% in Chandigarh to 100% in Puducherry, Daman & Diu and Lakshadweep. Three states have reported less than 45% safe delivery (Goa, Chandigarh and Meghalaya). Eighteen states and UTs have reported more than 84% safe delivery. States and UTs which have reported more than 95% safe delivery are Puducherry, Tamil Nadu, Karnataka, Arunachal Pradesh, Daman & Diu, Lakshadweep and AP.



Fig.7. State wise Safe Deliveries: 2008-09

A.2.3 48 hours stay post delivery (at public institutions)

An estimated 60% deaths occur in the post-partum period with majority of complications arising within the first 48 hours. RCH programme envisages that a woman delivering in an institution would stay at least 48 hours for the health service providers to monitor her recovery.

The all india reported figure for 48 hour stay post delivery in public institutions for the year 2008-09 is 76.5% with High Focus North East States reporting an impressive 92.7% followed by Non-High Focus large states (82.7%).

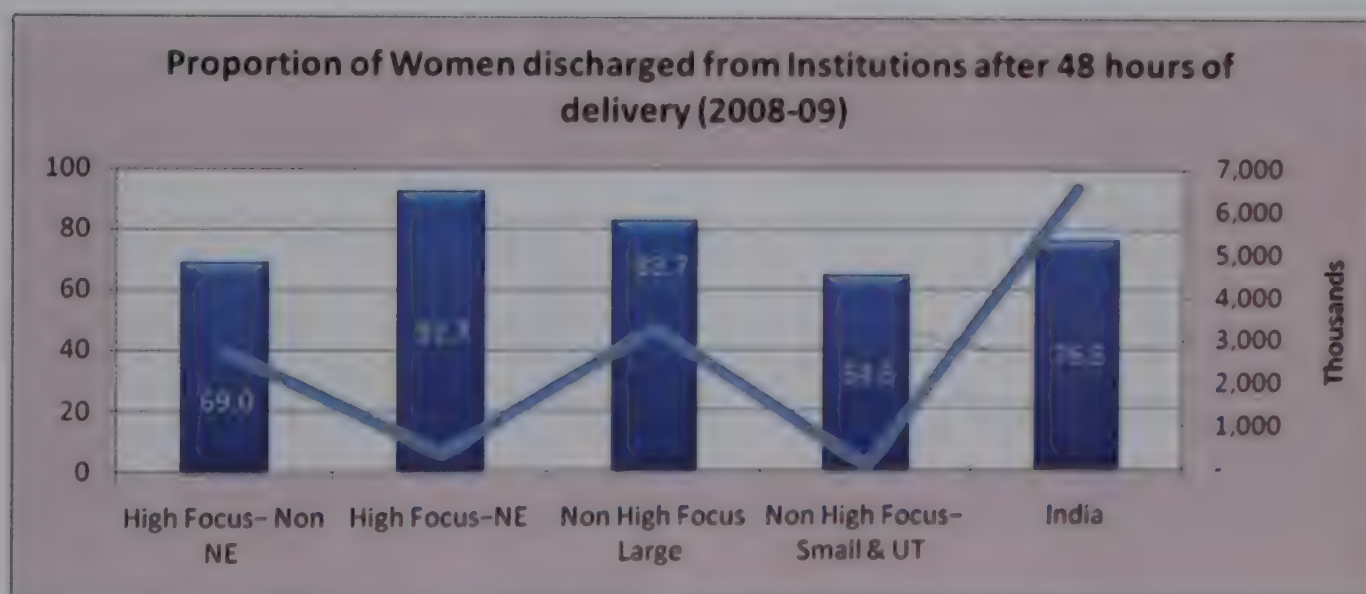


Fig.8. Trends in 48 hours stay post delivery in public institutions, 2008-09

The range of performance reported by states varies from 16.7 % in Haryana to 100% in Gujarat, A&N Isles, Karnataka, Lakshadweep and Daman & Diu. Haryana, Bihar and Uttarakhand are poor performing states with less than 40% women staying for 48 hours post delivery. Nineten states and UTs have reported more than 80% stay post delivery. The information from Uttar Pradesh needs to be re-checked.

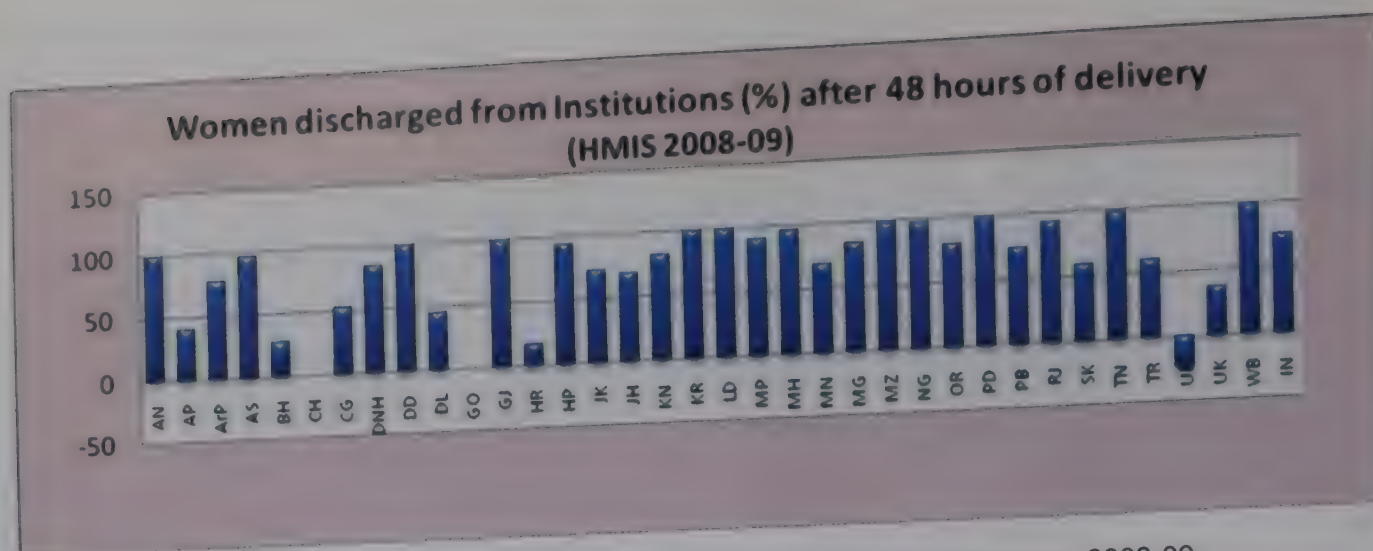


Fig.9. State Trends in 48 hours stay post delivery in public institutions, 2008-09

A two-day stay at the health facility post delivery also provides an opportunity for neonatal care and post partum contraception. A ratio of the newborns breastfed within one hour of birth and the number of women staying at least 48 hours in public institutions post delivery is about 2/3, showing that at least 1/3rd of the women delivering in public institutions did not breastfeed the new born within 1 hour of delivery.

A.3 Postnatal Care

A.3.1 PNC check-up within 48 hours of delivery

Postnatal care immediately after birth is very crucial (especially in home deliveries) to identify any complications which can lead to infant mortality. As per SRS 2007 early neonatal mortality rate (infant deaths within one week of life per 1000 live births) of India is 29 per 1000 live births. Therefore focus on quality PNC care is important.

The national average of women receiving PNC care within 48 hours after delivery³ in 2008-09 is reported to be 48 %. Non-High Focus Large states have reported better PNC care (52.1%) compared to All India, followed by Union Territories (49.4%). The North East and High focus Non-North East states have shown a lower proportion than All India at 30.1% and 45.7% respectively.

³ Out of total deliveries reported

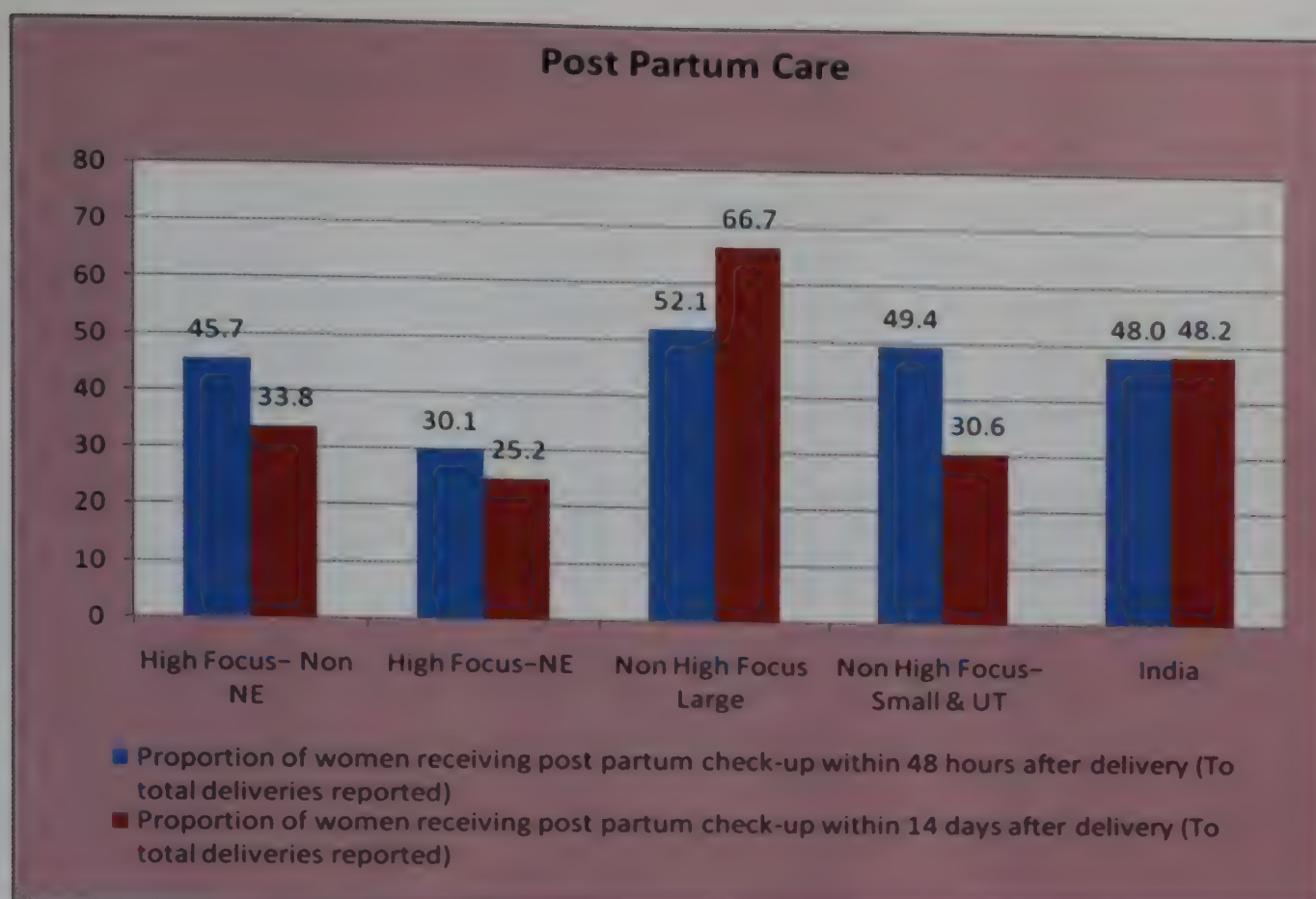


Fig.10. Trends in PNC checkups, 2008-09

The range of performance by states varies from 0.2% (TN) to 93.3% (Sikkim)⁴. Five states (AP, Gujarat, Haryana, Orissa & Sikkim) have reported more than 70% coverage for PNC care within 48 hours of delivery. Fourteen states have reported less than 30% coverage.

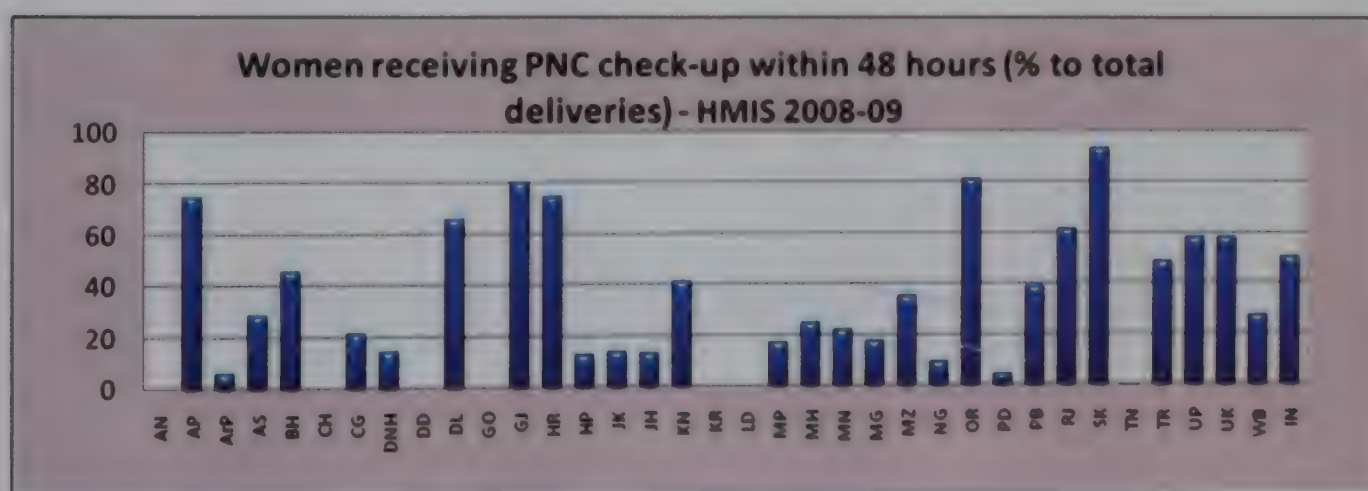


Fig.11. State Trends in PNC checkups, 2008-09

A.4 RTI/ STI Services

Sexually transmitted infections (STIs) adversely impacts reproductive health of people. As per the STI prevalence study (2003), over 5 percent of adult population in the country suffers from STIs and most regions of country show relatively high levels of STIs.

⁴ Andam & Nicobar, Chandigarh, Daman & Diu, Goa, Kerala and Lakshadweep have not been taken in account.

RTIs including STIs affect both men and women, but their consequences are more severe amongst women than men. These infections often go undiagnosed and untreated, and when left untreated lead to several complications. Pelvic inflammatory disease arising from STIs poses a public health issue and affects the reproductive health of untreated women.

The proportion of females among the new RTI/ STI cases where treatment was initiated is 67.2%. The Union Territories show a high rate of females (75.9%) having initiated treatment for RTI/STI followed by 68.6% in the High Focus Non-North East.

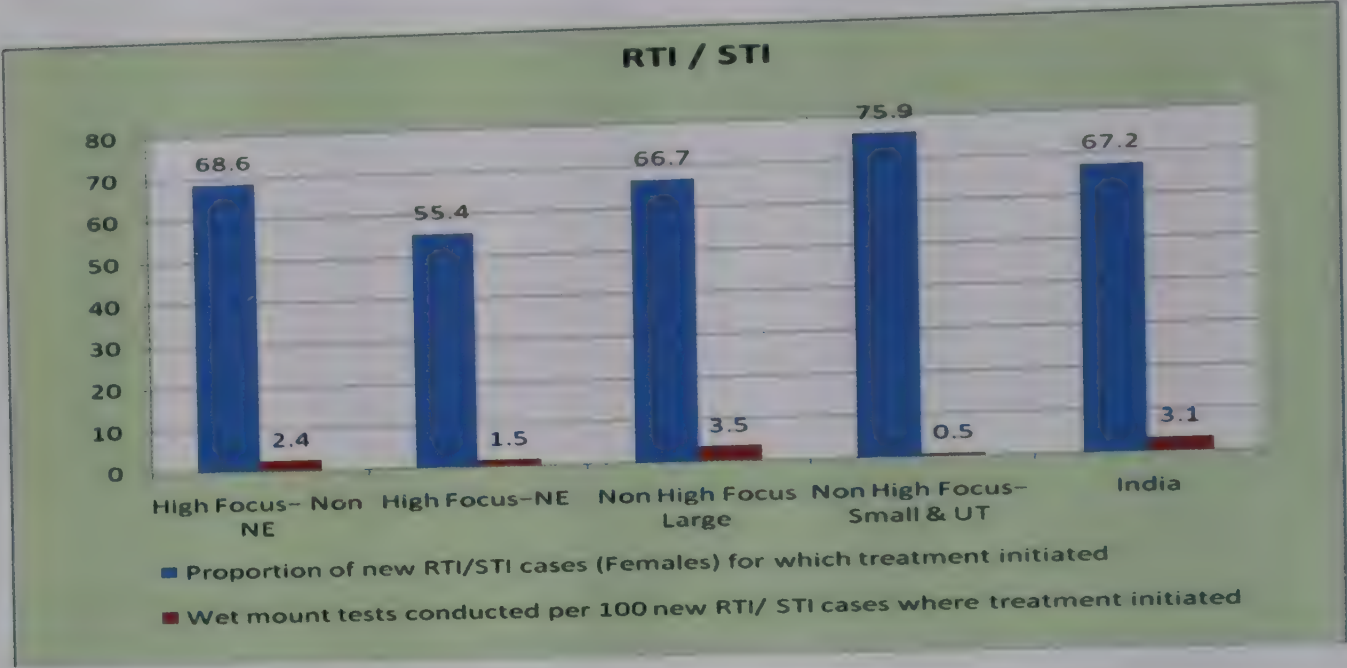


Fig.12. Trends in RTI/ STI partner management, 2008-09

Data reported by states shows only 10 states (Andhra Pradesh, Arunachal Pradesh, Assam, Chhattisgarh, Dadra & Nagar Haveli, Karnataka, Manipur, Nagaland, Tripura and Uttar Pradesh) with proportion less than 60%.

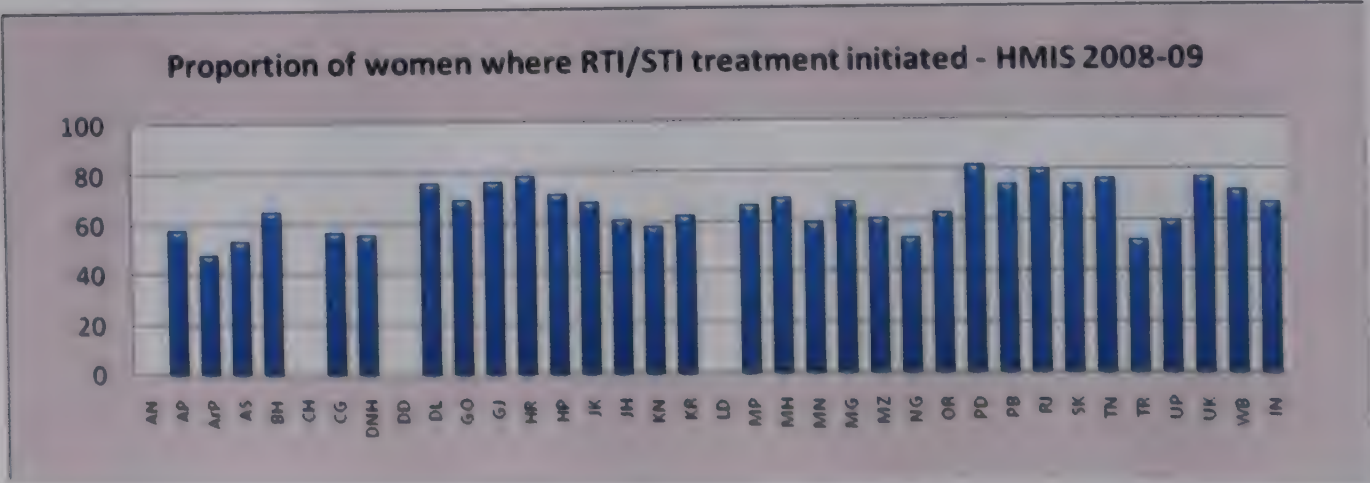


Fig.13. State wise RTI/ STI partner management, 2008-09

A. 4.2 Wet mount microscopy

Management of RTI/ STI includes laboratory diagnosis as an integral component. Syndromic management of RTI/STI may be undertaken where basic laboratory facilities are not available. Wet mount microscopy is recommended for diagnosis of the common conditions observed in women in rural areas.

HMIS data for 2008-09 shows that on an All India level 3.1 wet mount examinations were done for every 100 new female RTI/ STI cases for whom treatment was initiated. The Non High Focus Large States have a rate of 3.5 wet mount tests per 100 new female RTI/STI cases whereas Union Territories show 0.5 wet mount tests conducted.

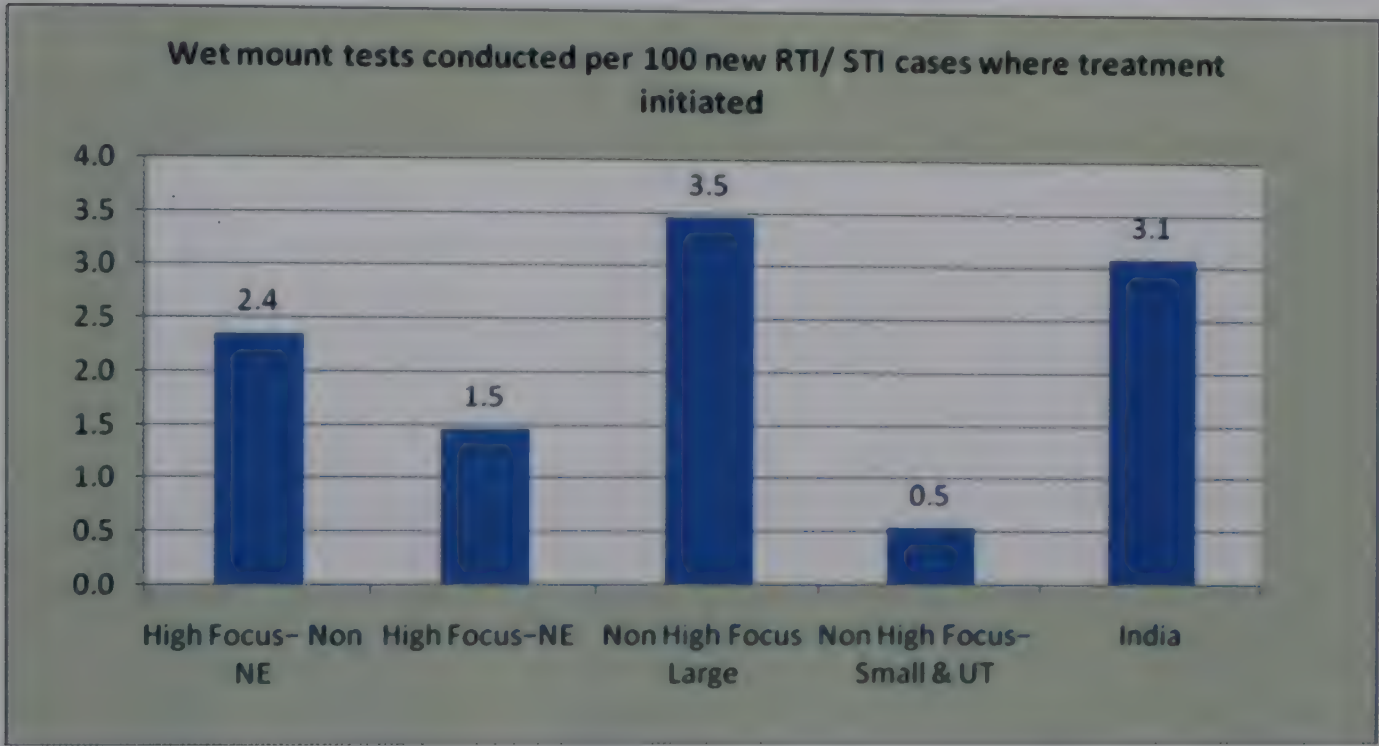


Fig.14. Trends in wet mount test conducted, 2008-09

State-wise data shows a range where 16 states have reported that they are conducting less than 3 wet mounts tests per 100 new RTI/STI female cases and eight states have reported more than the 4 wet mount tests conducted (Chhattisgarh, Arunachal Pradesh, Orissa, Mizoram, Puducherry, Andhra Pradesh, Uttar Pradesh and Karnataka).

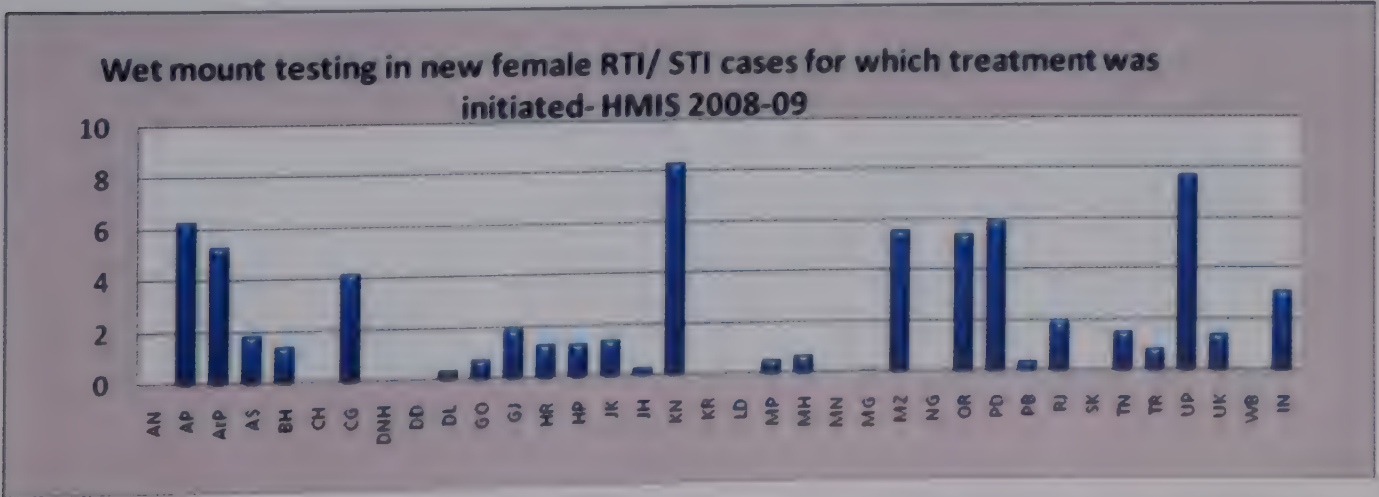


Fig.15. Statewise Wet mount tests in new female RTI/ STI cases for which treatment was initiated, 2008-09

States need to analyse district and facility level data and correlate this with RTI/ STI training, besides ensuring data reporting/ validity.

B. CHILD HEALTH

B.1 Breast Feeding Practices

B.1.1 Early Initiation of Breast Feeding

Early initiation of breastfeeding decreases the risk of neonatal mortality. Evidence shows that early initiation can prevent 22% of all deaths among babies below one month in developing countries. Early initiation helps to establish feeding and a close bonding between mother and child. The first milk, “colostrum” is the most suitable food for the infant during this early period because it contains a high concentration of protein and other nutrients and is also rich in anti-infective factors which protect the infant against respiratory infections and diarrhoeal diseases.

The national average of the proportion of newborn breastfed within one hour of birth in 2008-09 is 26.7%. The High Focus North East states reported 6.4% compared to 30.1% reported from Union Territories.

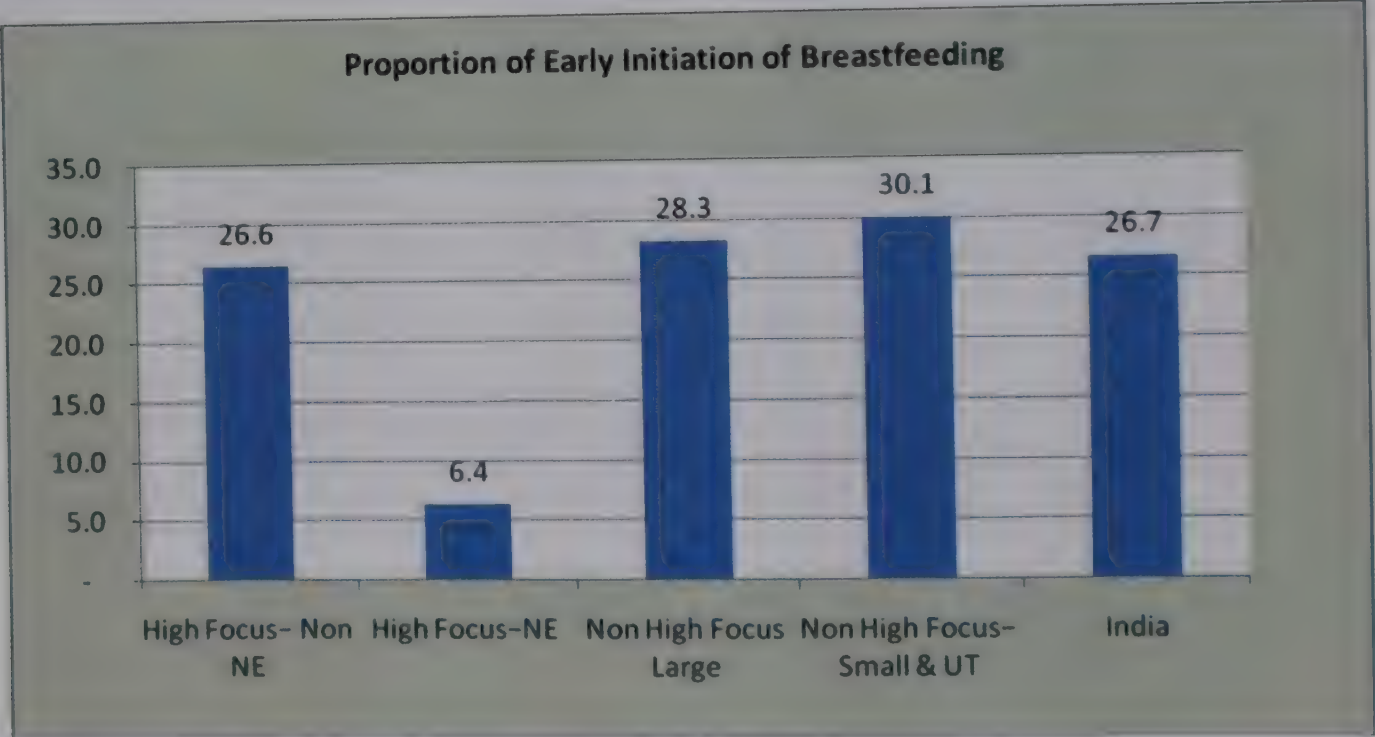


Fig.16. Trends in Early Initiation of Breastfeeding, 2008-09

While Gujarat, Haryana, Dadra & Nagar Haveli, Andhra Pradesh & Uttar Pradesh have reported more than 50% newborns breastfed within one hour of birth, 10 states have reported less than 25%.

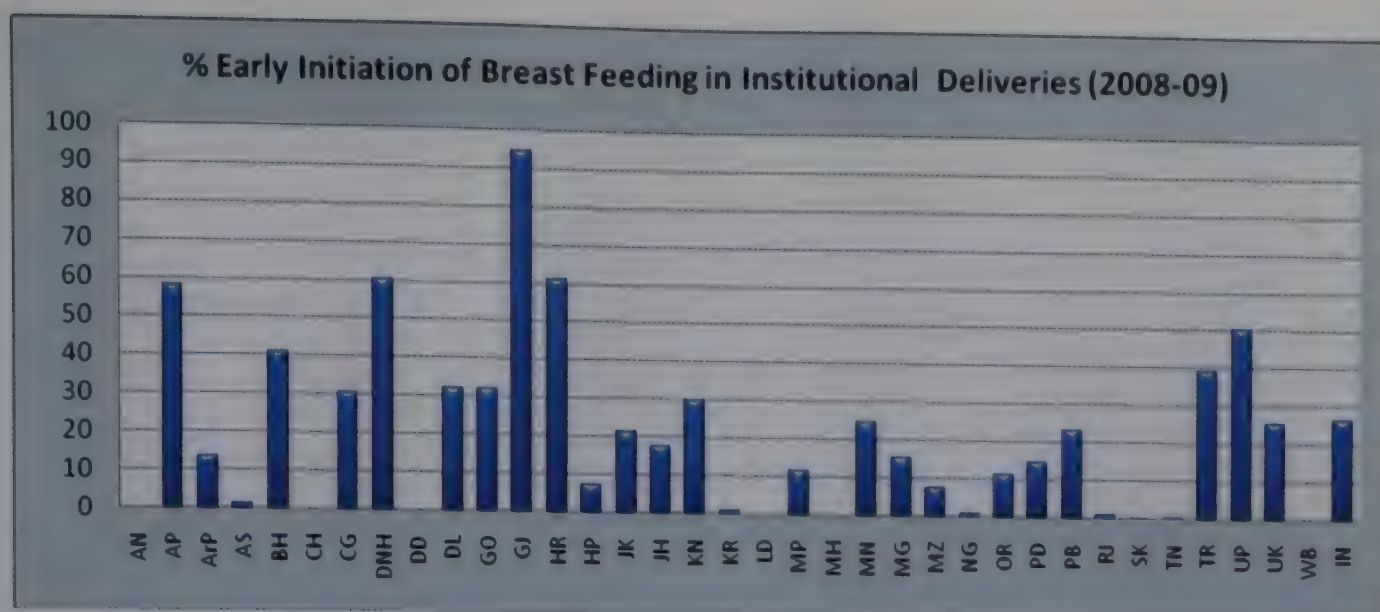


Fig.17. State wise Early initiation of breastfeeding, 2008-09

B.1.2 Comparison with DLHS data

Proportion of new born breastfed within one hour of birth in the country was reported to be 40.2% as per the DLHS-3 provisional national level data while it is 26.3% as per the HMIS data. Percentages vary in several states on comparison of HMIS with DLHS-3 data. For example, as per HMIS data, early initiation of breast feeding in the state of Puducherry is 14.6% and in Orissa is 11.4% whereas as per DLHS-3 data the figures are as 69.4% and 63.2% respectively.

B.1.3 Comparison of Institutional Deliveries with Early Initiation of Breast Feeding

With the policy emphasis on institutional deliveries and with increasing number of Indian women delivering at institutions, the immediate support ensuring early initiation becomes critical. This is especially true when studies suggest that delayed breastfeeding initiation increases the risk of neonatal mortality, by making newborns more susceptible to infection. These findings suggest that by ensuring only one action of early initiation of breastfeeding we can save the lives of newborns.

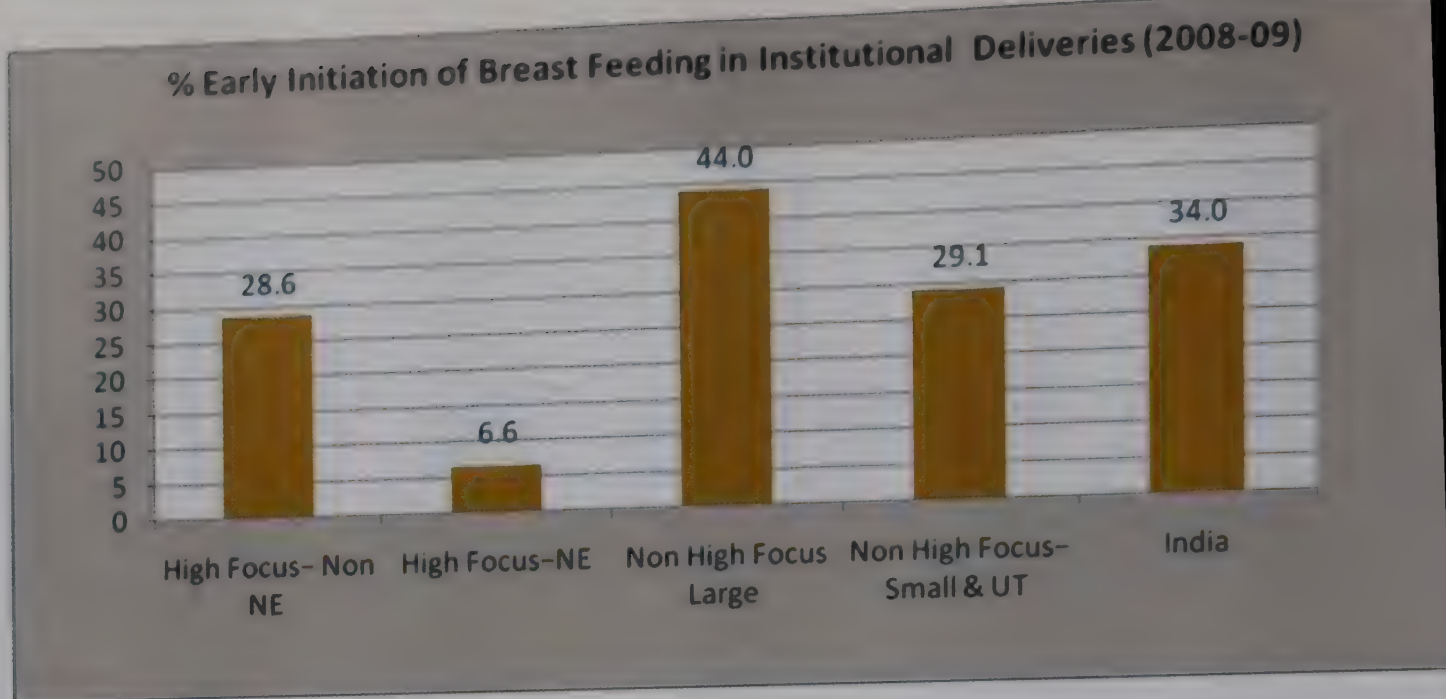


Fig.18. Early Initiation of Breastfeeding and Institutional Deliveries, 2008-09

The Non High Focus Large States have reported 44% early initiation of breastfeeding in institutional deliveries whereas High Focus North East states have reported 6.6%.

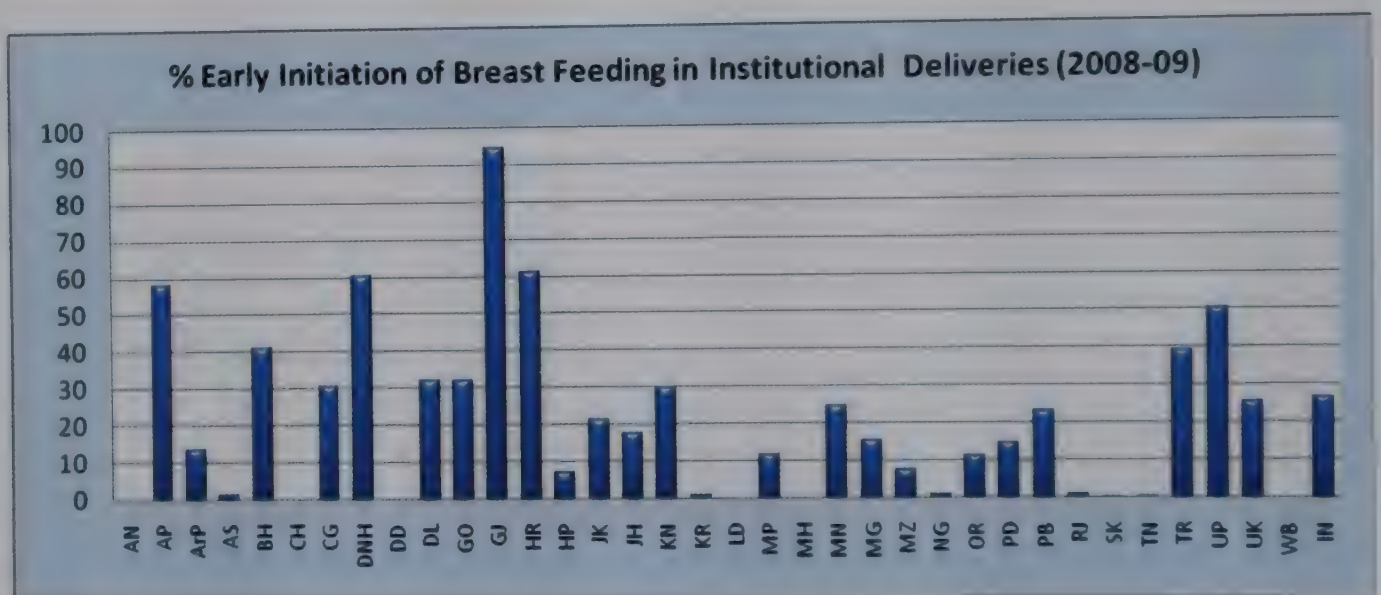


Fig.19. State wise comparison of Early initiation of breastfeeding in Institutional Deliveries, 2008-09

States of Tamil Nadu, Rajasthan, Assam, Kerala, Maharashtra & Madhya Pradesh exhibit very low rates of early initiation of breast feeding when compared with the reported institutional deliveries in the state. Andhra Pradesh, Dadra Nagar and Haveli, Uttar Pradesh, Haryana, Chhattisgarh and Gujarat have reported a higher rate of early initiation of breast feeding as compared to the institutional deliveries reported.

B.2 Low birth weight (newborns having weight less than 2.5 kg)

The birth weight of an infant is an important determinant of its chances of survival, healthy growth and development. Infants born with low birth weight (less than 2500 grams) suffer from extremely high rates of morbidity and mortality from infectious disease and are underweight, stunted or wasted beginning in the neonatal period through childhood. Prematurity (born before 37 weeks of gestation) and intrauterine growth retardation are the two main causes of low birth weight. In India, majority of cases can be attributed to foetal growth retardation. Low-birth-weight babies account for more than two-thirds of neonatal deaths and are one of the major causes of high infant mortality. Proportion of new born weighed having weight less than 2.5 kg / Low birth weight rate is an important indicator of the health & nutritional status of the mother and indirectly impacts on mortality of the neonate/infant.

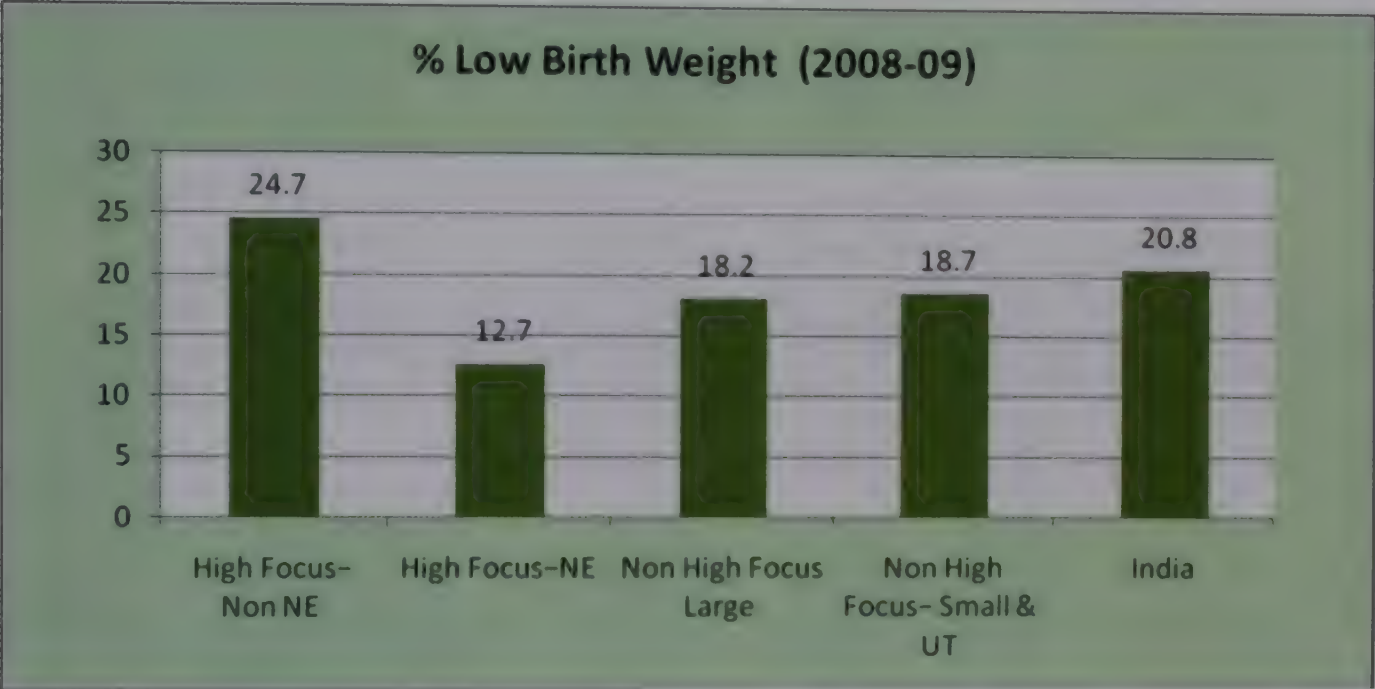


Fig.20. Trends in Low Birth Weight Rate: All India and high focus states, 2008-09

The national average low birth weight rate in 2008-09 is 20.8%. The High Focus Non North East states have reported 24.7% whereas the High Focus North East States have reported 12.7%.

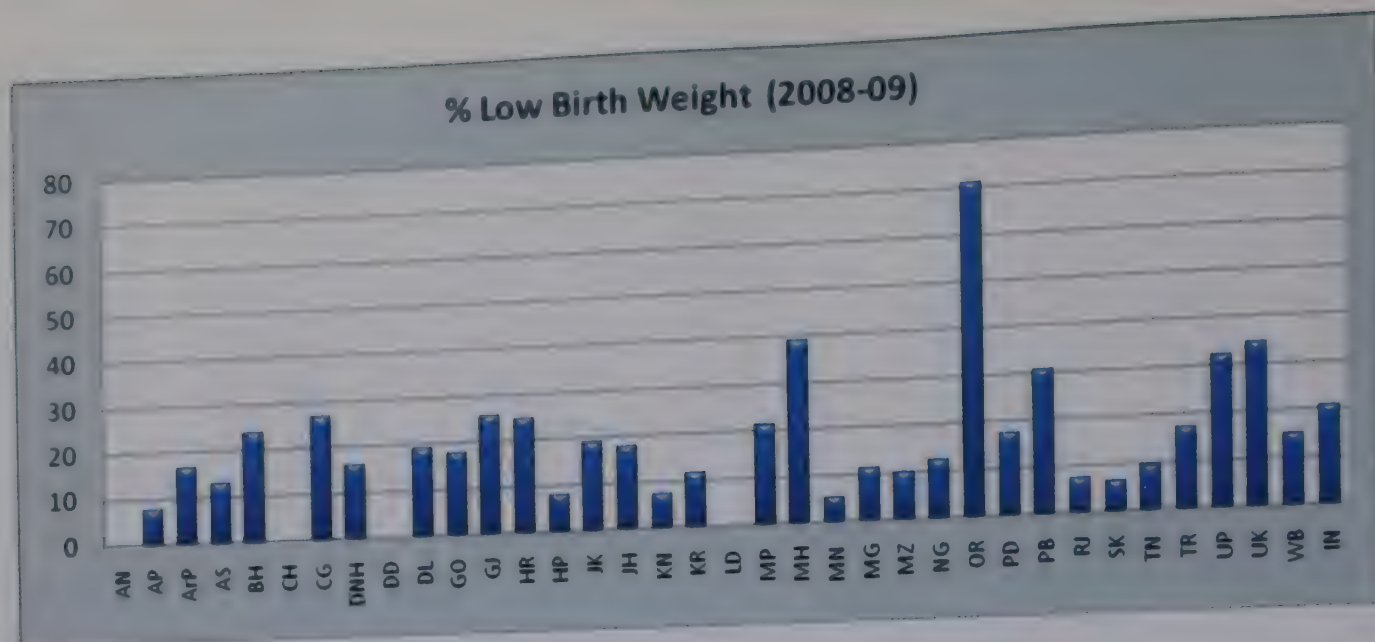


Fig.21. State wise Low Birth Weight Rate: 2008-09

It has been observed that Manipur, Sikkim, Rajasthan, Karnataka, Andhra Pradesh, Himachal Pradesh and Tamil Nadu have reported less than 10% low birth weight rates, while the states of Maharashtra and Orissa have reported LBW rates as high as 59.4% and 71.3% respectively.

Significant risk factors in occurrence of LBW are maternal malnutrition and anaemia. LBW rates are closely linked with high utilization of quality antenatal care (ANC) services. For instance the low birth weight rate in Orissa is high at 71.3% while the percentage of women receiving 3 antenatal checkups in the state is also high at 86.6% as reported in HMIS. The low birth weight rate in Maharashtra is high at 59.4% while the percent of women receiving 3 antenatal checkups in the state is quite high at 73% as reported in HMIS.

C. IMMUNISATION

C.1 Dropout rate between BCG & Measles

As per the National Immunization Schedule, an infant should receive BCG vaccine at birth and measles vaccine after completion of 9 months. A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV and Measles before one year of age. Dropout rate between BCG and Measles is an important indicator of the coverage of Routine Immunization services and completion of primary immunization schedule.

The national average dropout between BCG and measles in 2008-09 is 8.9%. The Union Territories have reported a high dropout rate of 31.6%, followed by North East States at 18.4 %. The High Focus Non-North East states and Non High Focus Large states have reported 8 % and 9% respectively.

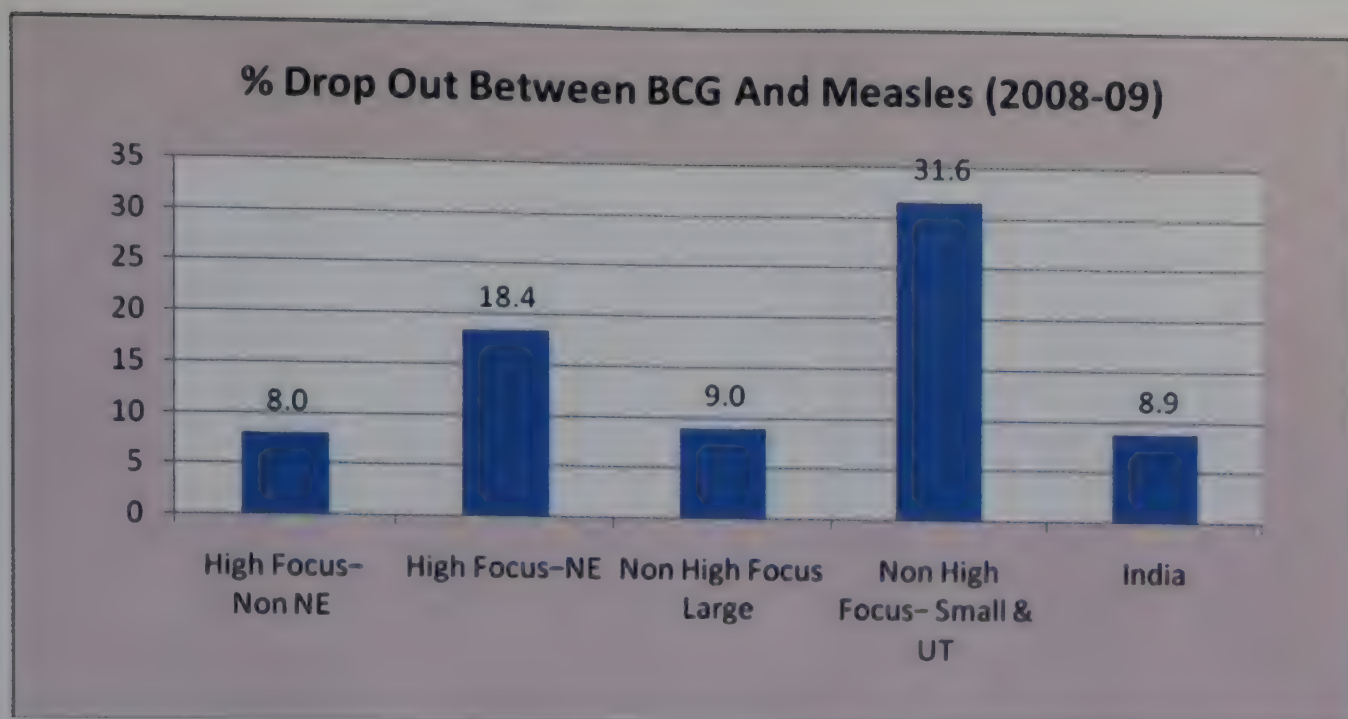


Fig.22. Trends in Drop out between BCG and Measles 2008-09

Seventeen states have a lower dropout rate as compared to the country average. Puducherry has reported a dropout rate as high as 64.8% while 17 states have reported a dropout rate of more than 10%.

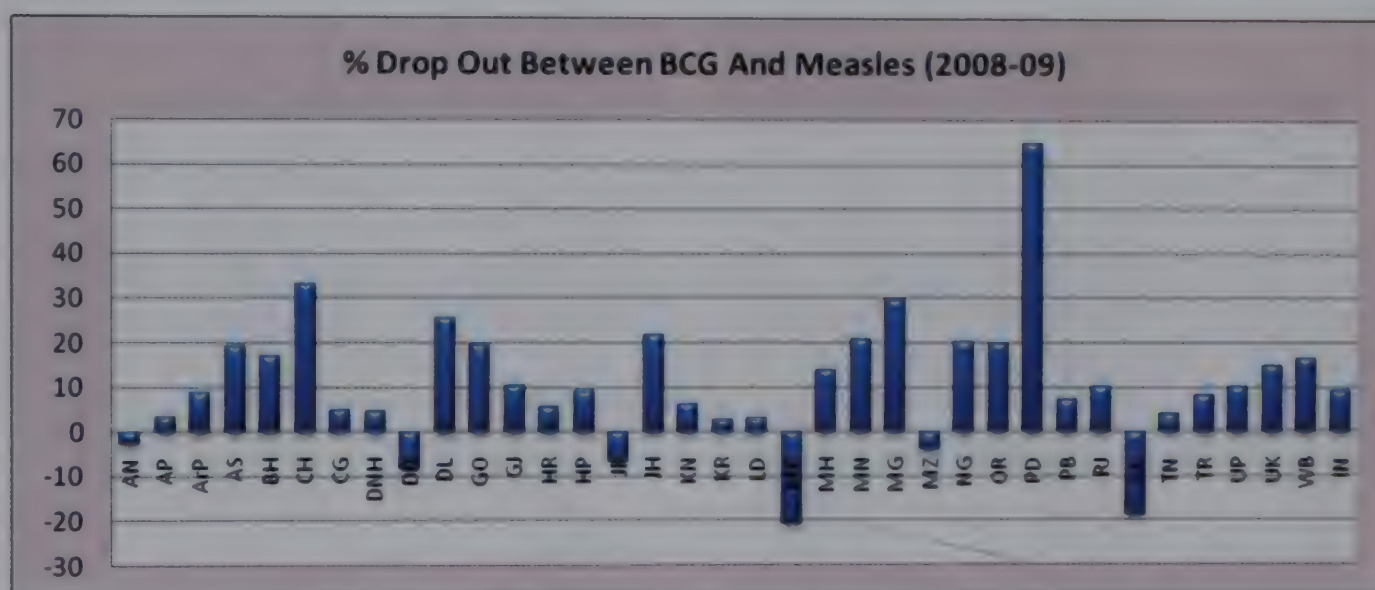


Fig.23. State wise Drop out between BCG and Measles, 2008-09

D. FAMILY PLANNING

D.1 Performance in Family Planning service

The declining trend seen in family planning method use, including sterilisations, during 2005-07, became positive during 2007-08 due to a greater focus on family planning as well as revision in the compensation scheme. The HMIS data shows a decline in Sterilisation performance for 2008-09 as compared to 2007-08 and this could probably be due to a change in the reporting system and incomplete reporting by the states.

Table 1: Comparison of annual performance in Family Planning services in India, 2005-06 to 2008-09

Year	Female Sterilisation		Male Sterilisation		Total Sterilisation		IUCD Insertions	
	Achievement (in 000)	Y-o-Y (%)	Achievement (in 000)	Y-o-Y (%)	Achievement (in 000)	Y-o-Y (%)	Achievement (in 000)	Y-o-Y (%)
2005-06	4084		160		4244		5979	
2006-07	4864	16.0%	127	-25.6%	4991	15.0%	5108	-17.0%
2007-08	5340	8.9%	273	53.4%	5613	11.1%	5891	13.3%
2008-09	4993	-6.9%	290	6.0%	5283	-6.2%	5895	0.1%

D.2 Method specific performance in Family Planning Services:

D.2.1 Sterilisation

On an average, during 2008-09, female sterilisation was 94.5% of the total sterilisation (5.2 million). The Union Territories have reported a high male sterilisation rate of 14.7%. The Non-High Focus Large States reported the maximum number of sterilisation at 3.2 million of which 95% were Female sterilisation.

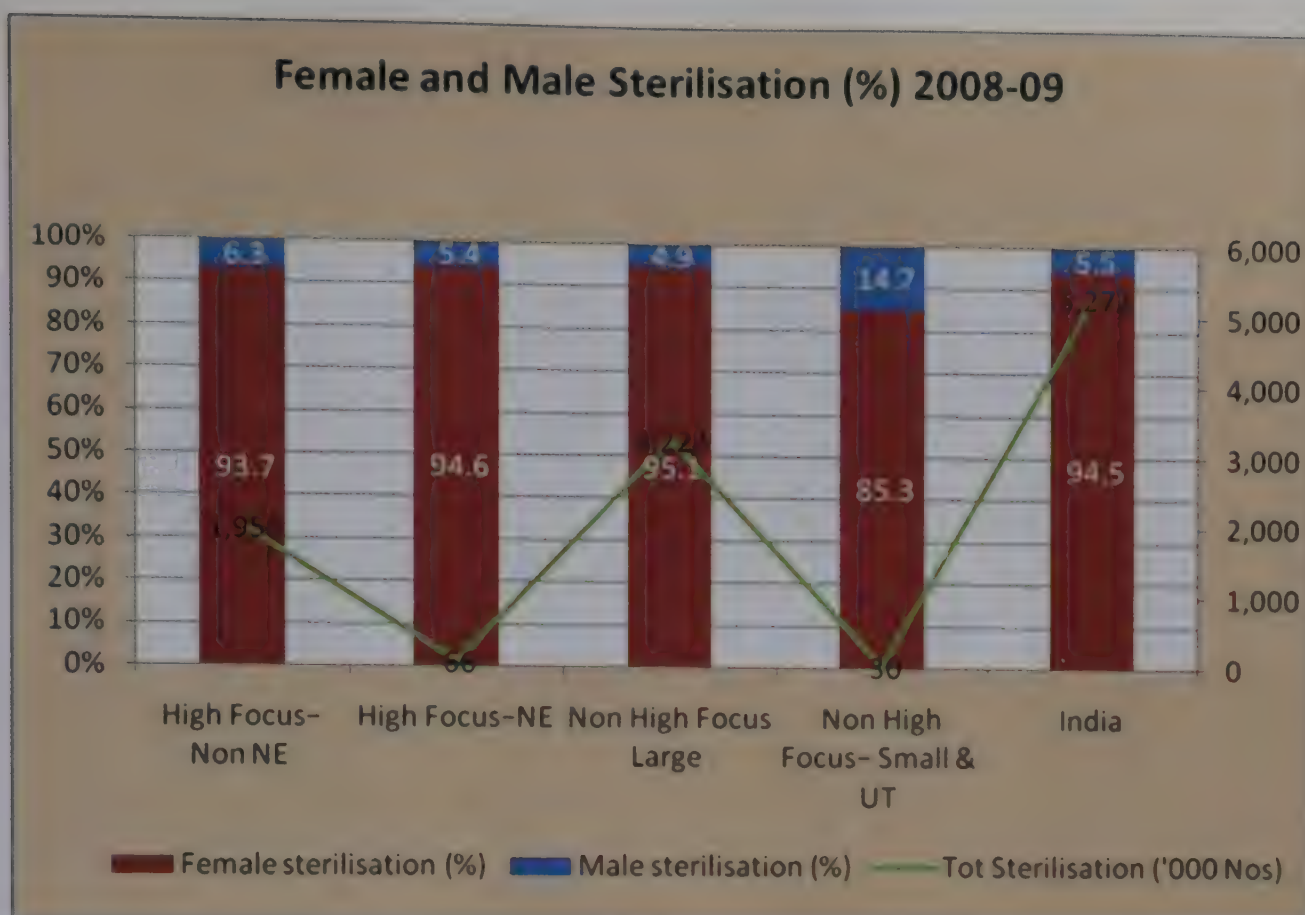


Fig.24. Sterilisation Performance, 2008-09

The statewise performance reveals that the proportion of Male sterilisation (NSV) to total sterilisation is more than 20% in states like Delhi, Manipur and Sikkim. Infact, in Sikkim, the male sterilisation exceeds the female sterilisation figures.

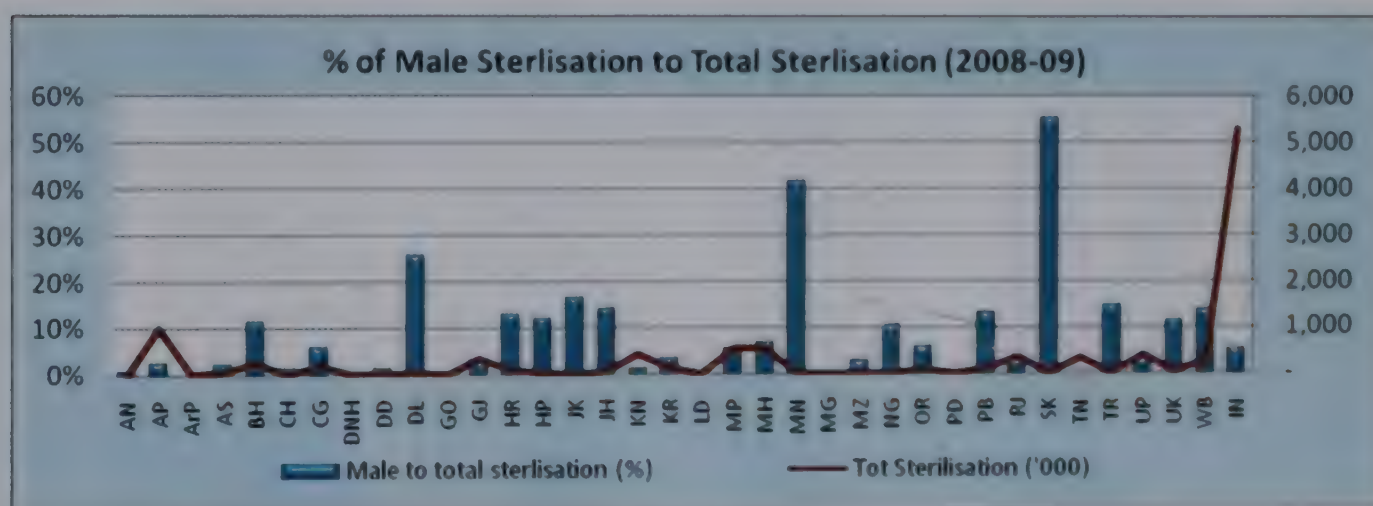


Fig.25. State wise Male Sterilisation Performance, 2008-09

D.2.2 IUCD Insertions

The number of IUD insertions has marginally risen to 5.9 million during 2008-2009 as compared to 2007-2008. The maximum contribution is from High Focus Non North East states followed by Non High Focus Large states.

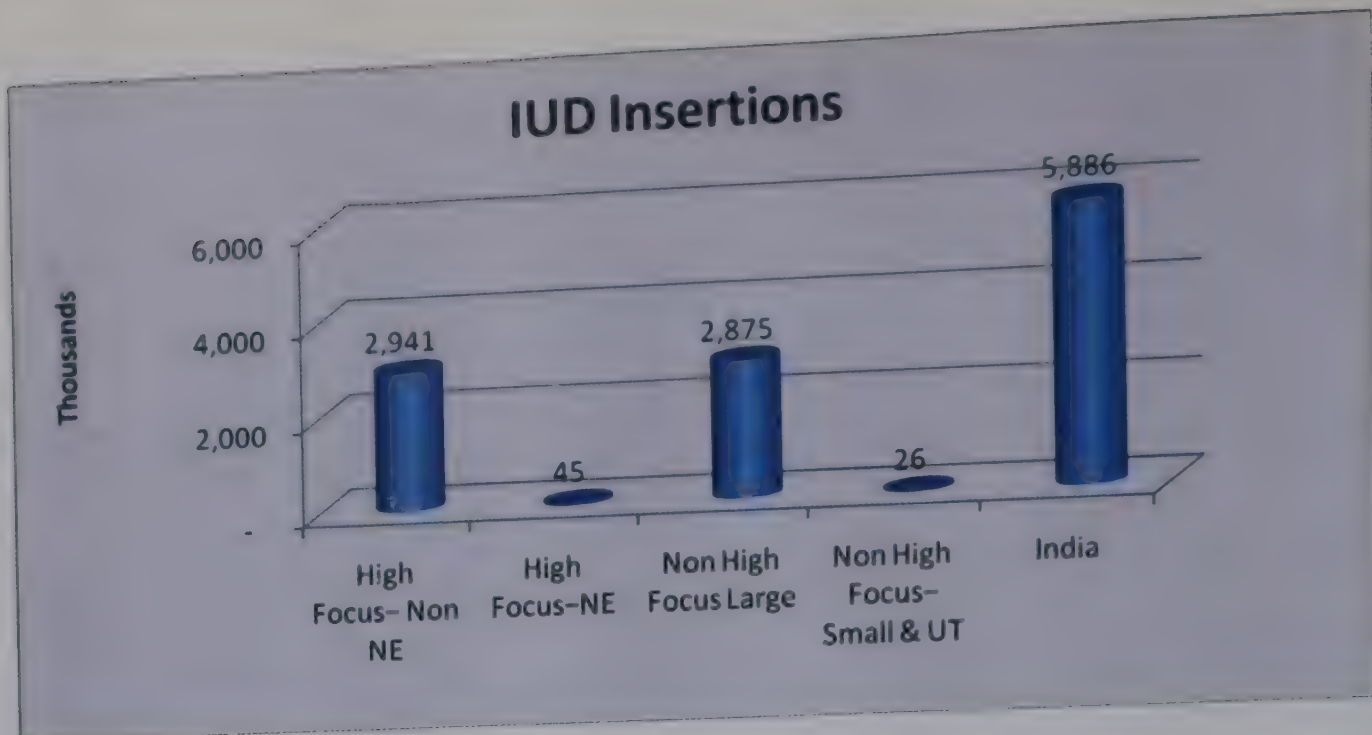


Fig. 26. Performance in IUCD Insertions, 2008-09

A review of the statewise performance for IUD Insertions shows that the state of Uttar Pradesh has reported the maximum number of IUD insertions (over 1.3 million) as compared to the All India total of 5.9 million IUD insertions. This was followed by Madhya Pradesh, Gujarat, Haryana, Maharashtra and Andhra Pradesh. This information needs to be viewed with the overall need assessed for the States.

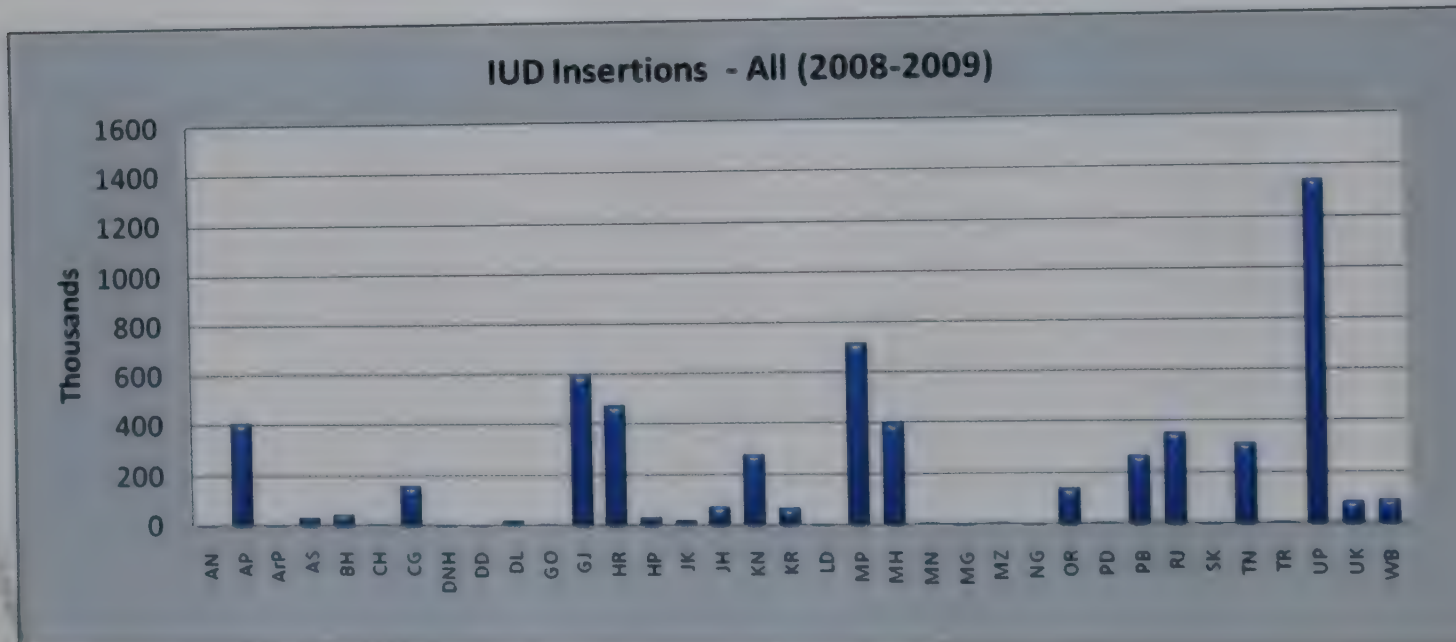


Fig.27. State Wise Performance in IUCD Insertions (All), 2008-09

E. Sex ratio at birth

Sex ratio is defined as “the number of females per thousand males”. One of the basic demographic characteristics of the population is the sex composition. The sex composition of the population is affected by the differentials in mortality conditions of males and females, sex selective migration and sex ratio at birth. The sex ratio in India has generally been adverse to women i.e. the number of women per 1000 men has generally been less than 1000. Sex ratio has also declined over the decades.

The national average sex ratio at birth as reported by the States in HMIS during 2008-09 is 918 females per thousand males. The High Focus North East and Non High Focus Large States exhibit sex ratios at 936 and 924 respectively which are higher than the national average.

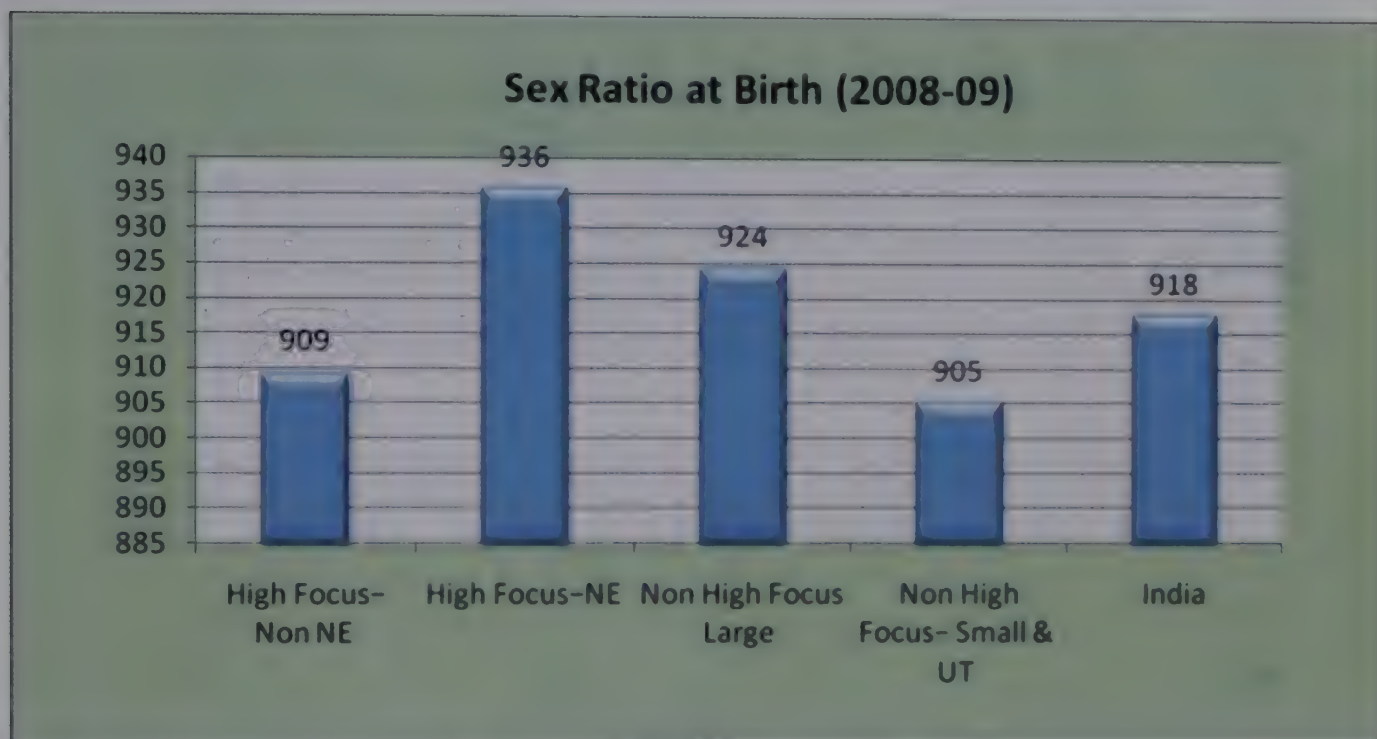


Fig. 28. Sex ratio at birth, 2008-09

The sex ratio at birth for fifteen states are above the national average of 918. The states reporting more females than males at birth are West Bengal, Orissa, Meghalaya, Sikkim and Madhya Pradesh. Ten states (Bihar, Chhattisgarh, Jharkhand, Goa, Uttar Pradesh, Haryana, Himachal Pradesh, Maharashtra, Gujarat and Tripura) have reported sex ratio at birth below 900 females per thousand males. The state with the lowest sex ratio at birth is Bihar at 797 followed by Chhattisgarh at 806. The state of Madhya Pradesh has reported the highest sex ratio at birth at 1017.

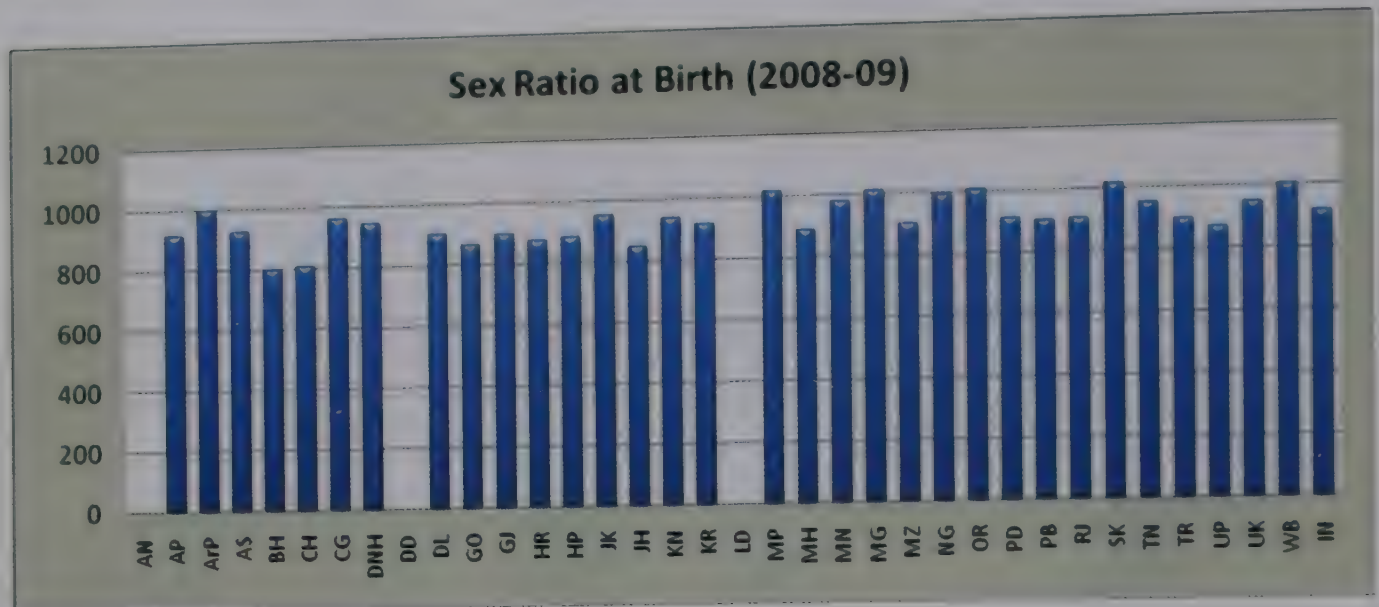


Fig. 29. State wise Sex ratio at birth: 2008-09

F.SERVICE DELIVERY

F.1 Immunisation sessions

Around 20% of the planned immunisation sessions were held during 2008-09 at the national level. Although most of the states have reported very high achievement in holding the immunisations that were planned, a large number of sessions were reported to have been planned in the High Focus Non North East states but not reported as Held. This has impacted the national level performance.

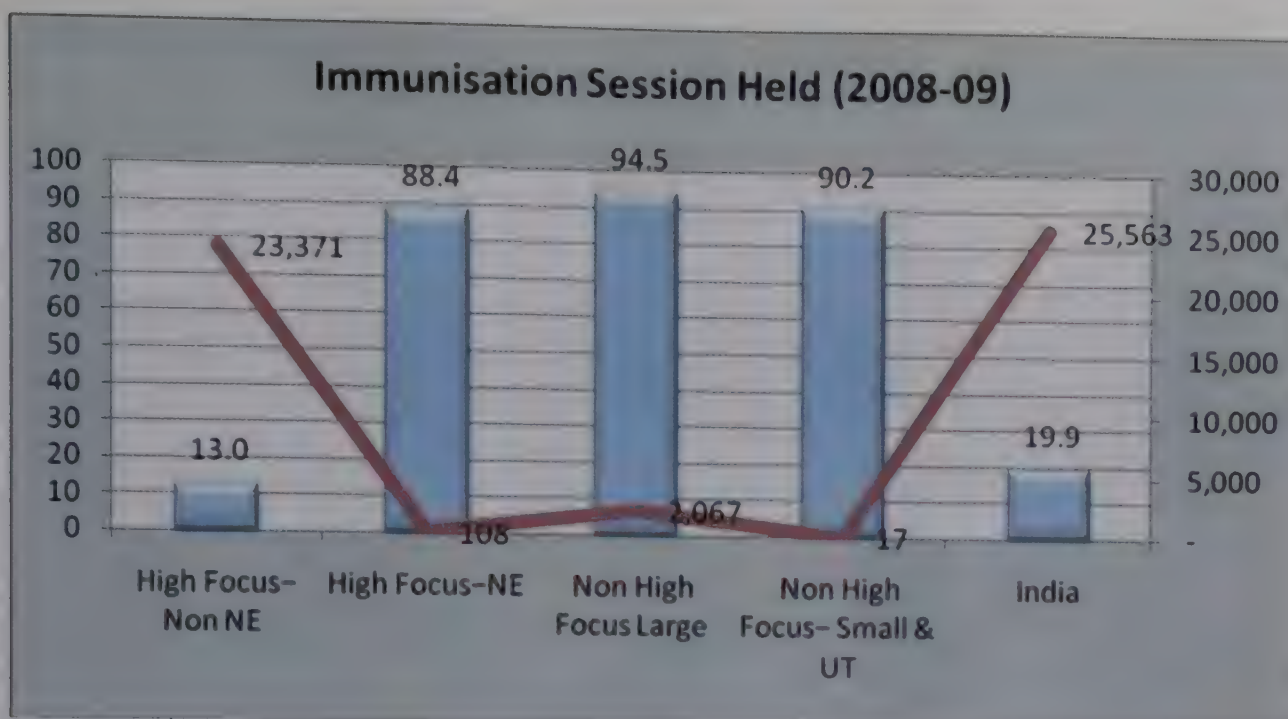


Fig. 30. Trends in Planned immunisation session held, 2008-09

The statewise comparison of Immunisation sessions planned v/s held for 2008-2009 shows that 18 states have reported above 90% achievement of which 4 states (Chhattisgarh, Meghalaya, Mizoram and Nagaland) reported more than 100%. Chandigarh, Madhya Pradesh, Arunachal Pradesh and Rajasthan reported less than 70% achievement.

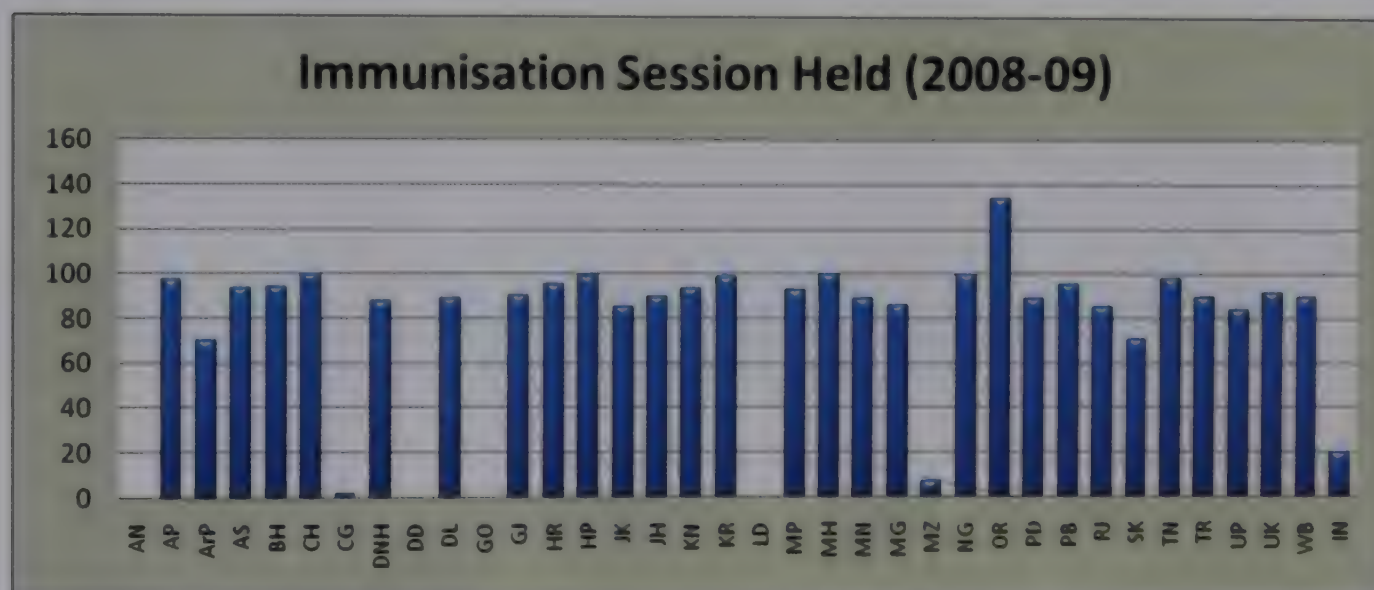


Fig. 31. State wise Planned immunisation session held, 2008-09

F.2 ASHA presence at immunisation sessions

The presence of ASHA at immunisation sessions in high-focus states is more than the All India figure of 45%.

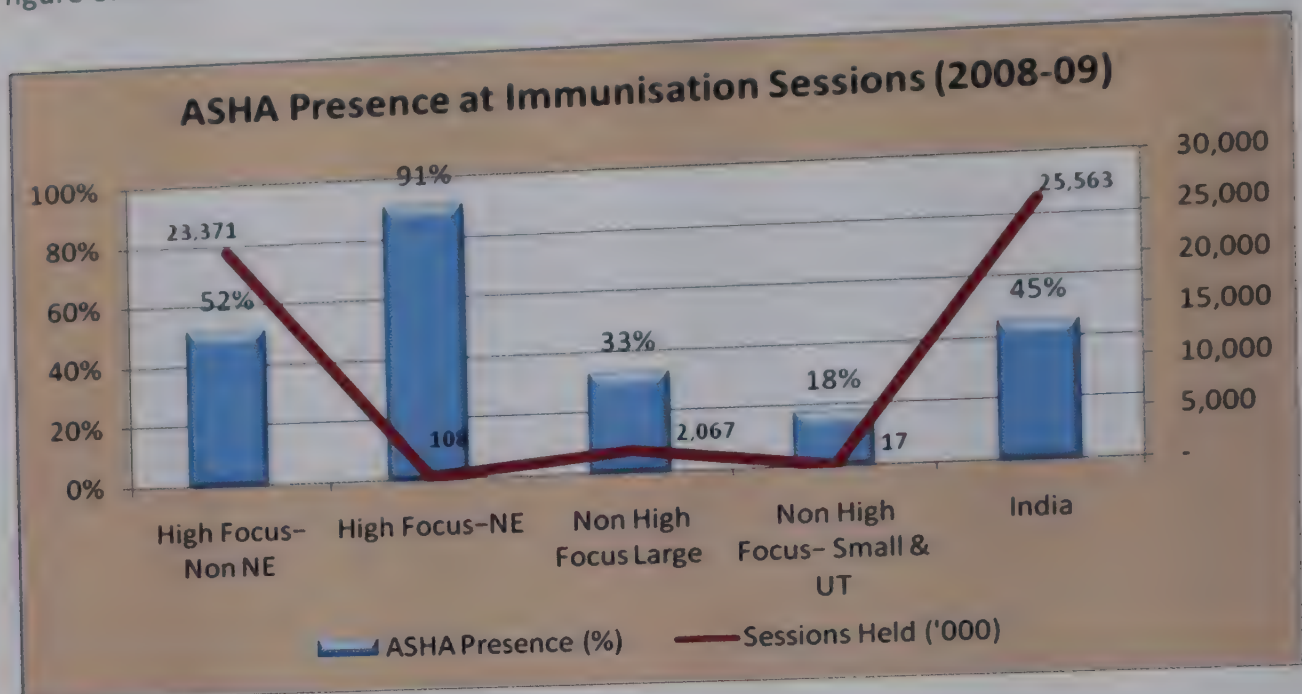


Fig. 32. Trends in ASHA presence at immunisation session, 2008-09

In the statewise comparison of the ASHAs presence at the Immunisation Sessions, it is observed that three states (Andhra Pradesh, Assam and Tripura) reported above 80% sessions where ASHAs were present at the immunisation sessions. The state of Jammu & Kashmir has reported an abnormally high number of sessions where ASHAs were present and the data needs to be rechecked.

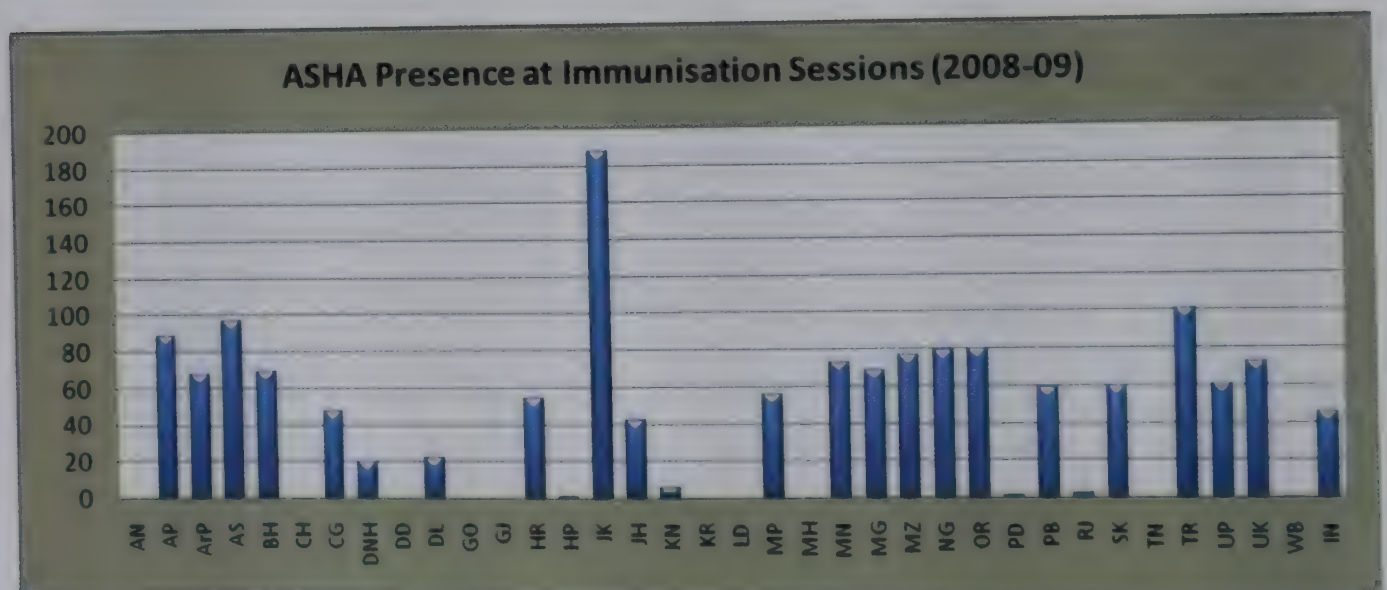


Fig. 33. Statewise ASHA presence at immunisation session, 2008-09

F.3 Referral Transport

As per the data reported by the States, the All India usage of ambulance services is 51.4%. It was observed that Union Territories reported a high usage of the referral transport for transporting patients.

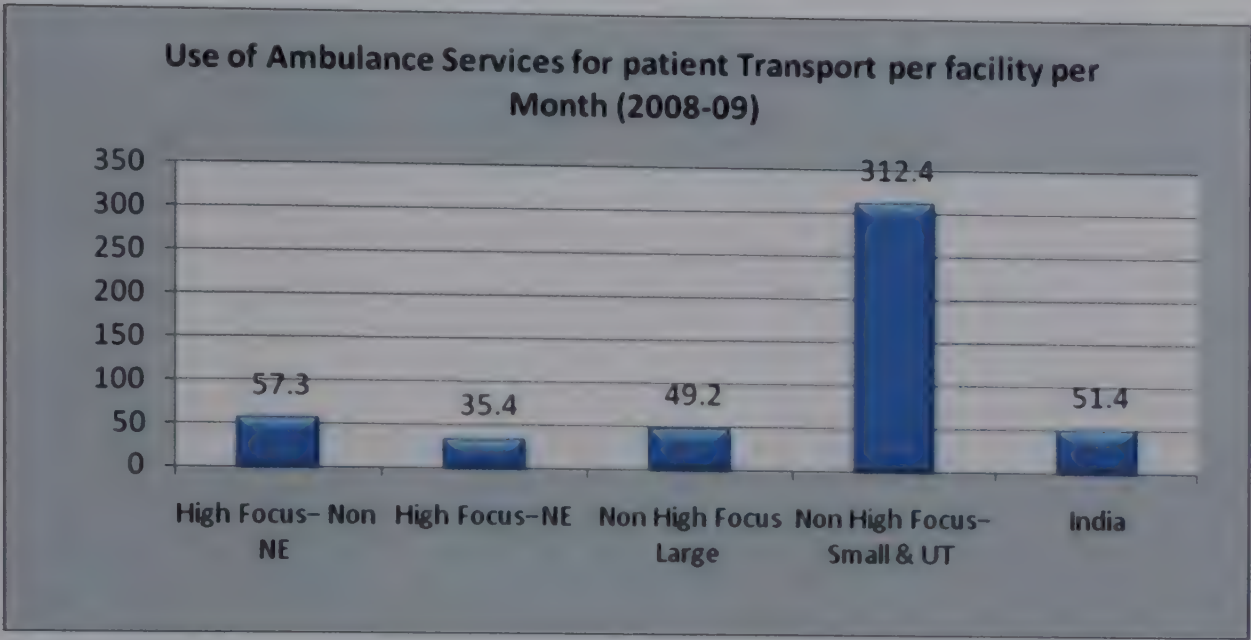


Fig. 34. Trends in Use of ambulance services, 2008-09

The statewise data for the use of Ambulance Services for transporting patients shows that Puducherry has reported the highest usage followed by Dadra & Nagar Haveli, Delhi and Orissa.

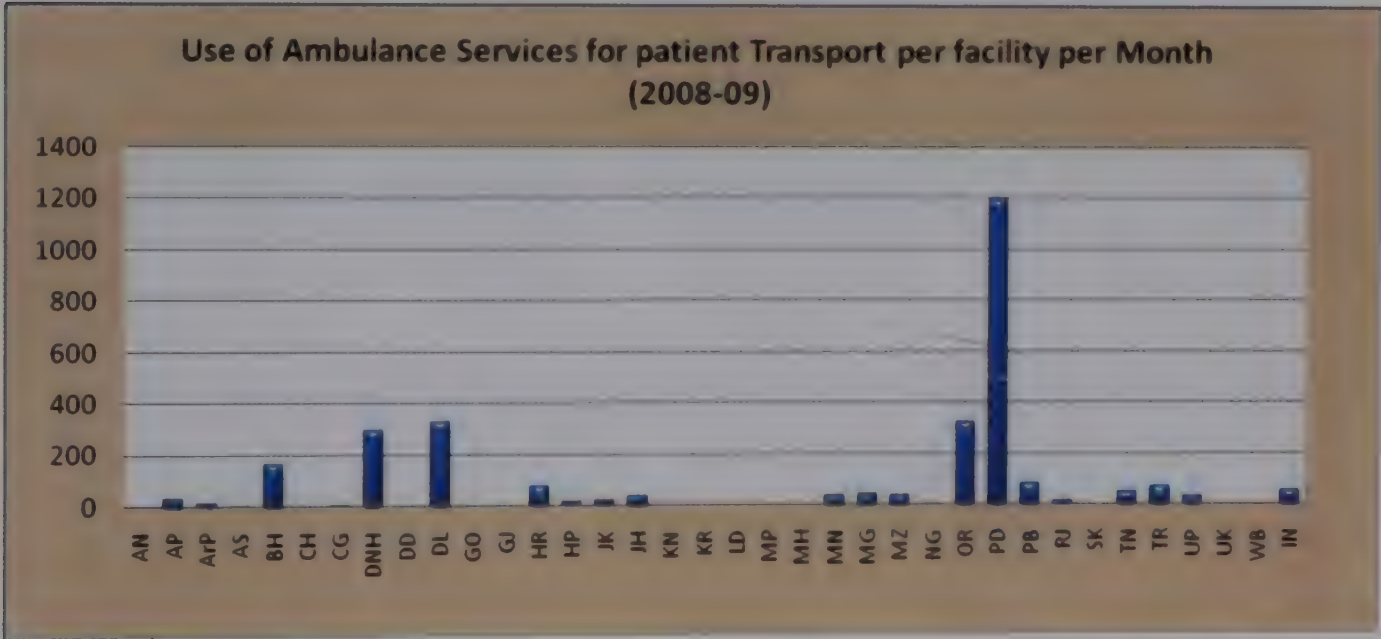


Fig. 35. Statewise Use of ambulance services, 2008-09

F.4 Children provided with free glasses out of those detected with refractive errors

Blindness is a major public health problem in India. Uncorrected refractive errors, primarily in school children is the second most important cause of blindness. Implementation of the National Programme for Control of Blindness (NPCB) was decentralized in 1994-95 with formation of District Blindness Control Society (DBCS). One of the important functions of DBCS is to organise screening of school children for detection of refractive errors and other eye problems and provide free glasses to poor children; screening is done by school teachers.

HMIS data shows that 22% of the children detected with refractive errors were provided free glasses. The maximum number of school children were screened in High Focus Non North East and Non High Focus Large states.

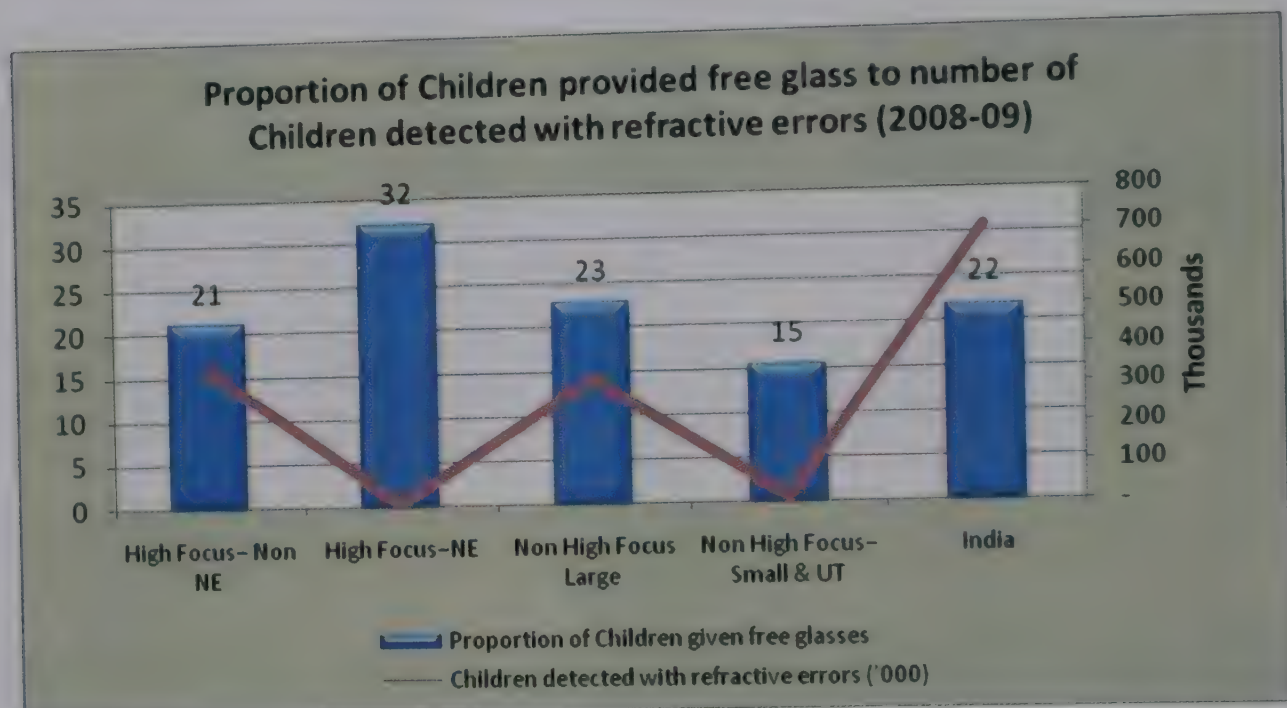


Fig. 36. Proportion of Children provided with free glass to the number of Children detected with refractive errors (2008-09)

The statewise analysis of the children screened for refractive errors was low except in the states of Andhra Pradesh and Uttar Pradesh which both combined account for 50% of the total children screened. When the children screened in Bihar, Jharkhand and Tamil Nadu are also combined with these two states, it accounts for over 80% of the children screened. Thus the individual state's performance needs to be seen vis-à-vis the total number of children screened in that state.

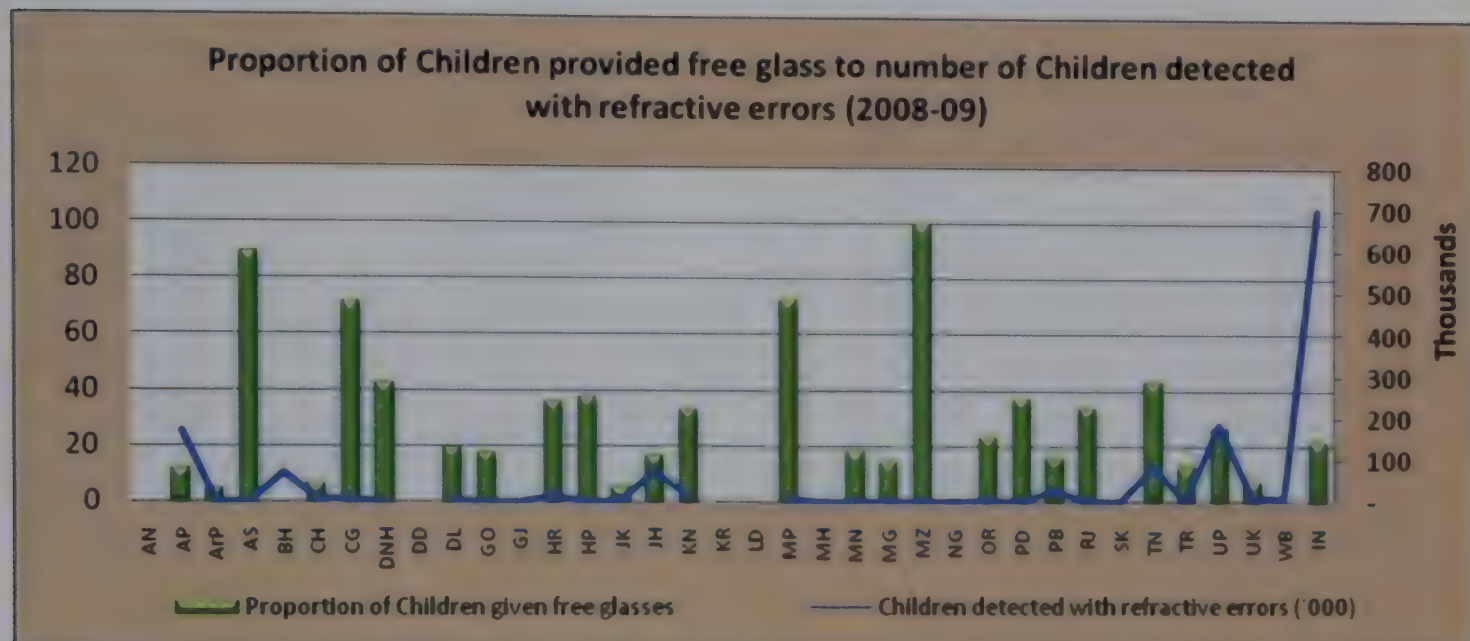


Fig. 37. State wise proportion of Children provided with free glass to the number of Children detected with refractive errors (2008-09)

G. NRHM INITIATIVES – Based on NRHM Division Reports

G.1 Rogi Kalyan Samitis (RKS)

Total of 28703 RKSs have been registered so far in the country. Distribution of these RKSs is given below:

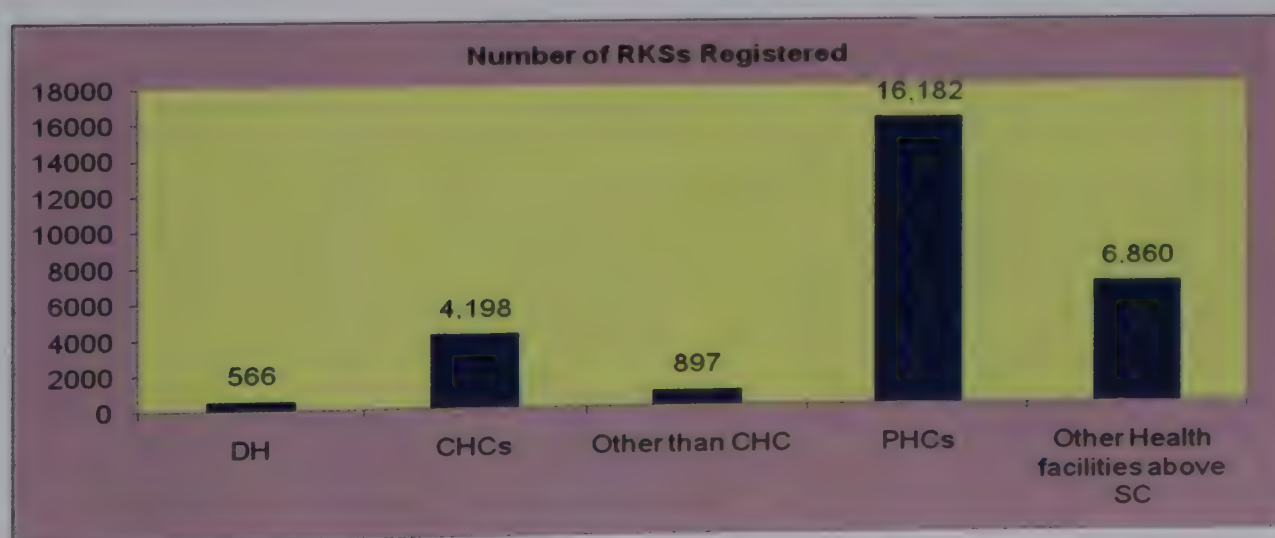
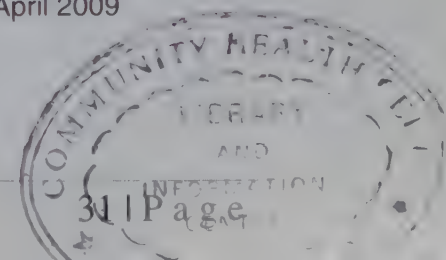


Fig. 38. No. of Rogi Kalyan Samitis registered at different levels of facilities - April 2009



M-125
11/7/09

Out of 565 district hospitals reported to be in the country 566 RKSs (100.2%) have been registered and similarly 103.8% CHCs are having registered RKS. This high % needs to be investigated and possible reason could be that newly added facilities have not been updated in the base reports:

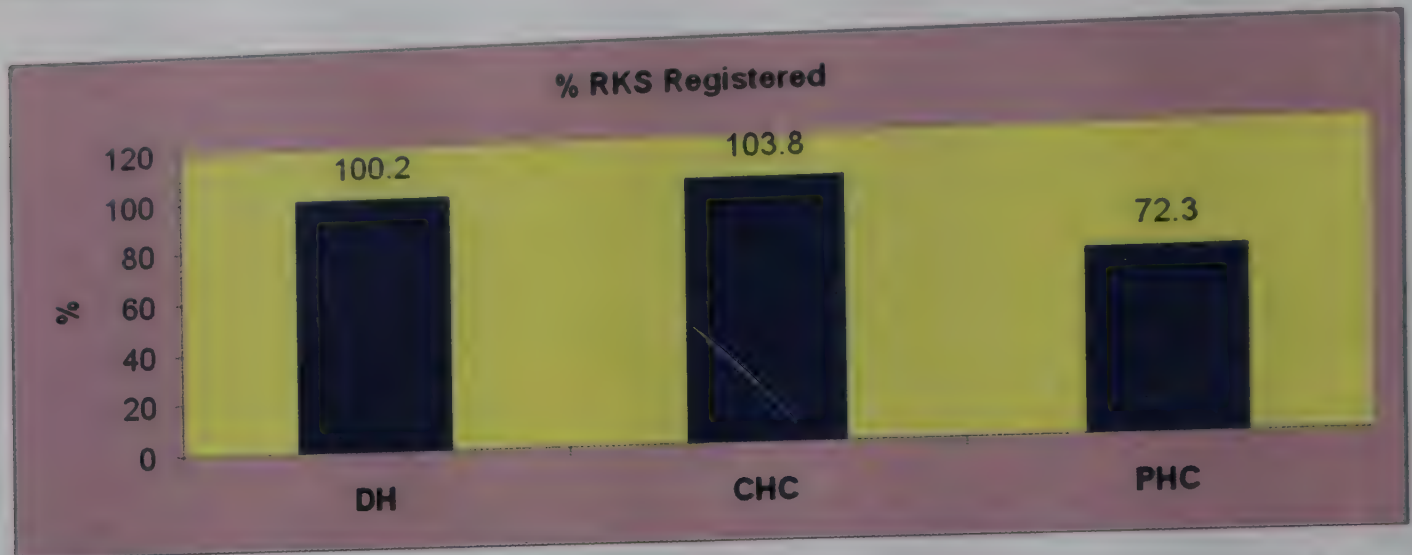


Fig. 39. % of different facility levels that have registered Rogi Kalyan Samitis - April 2009 (number of facilities as per RHS 2007)

Except Kerala and Delhi all other states/UTs have reported 100% DHs having registered RKS. 4 states have reported more than 100% RKSs registered and Karnataka has shown 153% of DHs having RKSs. Similarly for CHCs there are number of states which have reported more than 100% registration of RKSs (e.g. Kerala-229%, Uttarakhand-112%, Punjab-117%, Tripura-110% etc). Goa has the lowest % of CHCs (only 60%) having registered RKS. 9 states/ UTs have RKSs in less than 50% of the PHCs; another 9 have reported more than 100%. These figures need to be investigated state wise:

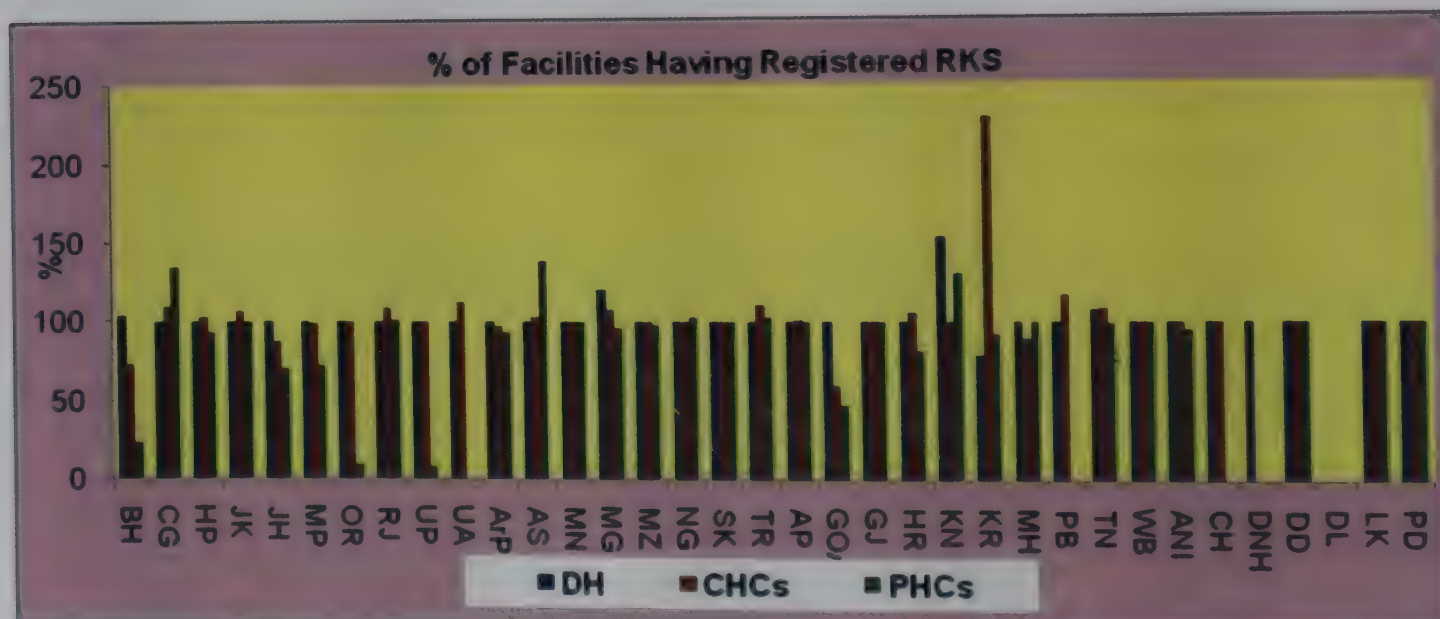


Fig. 40. % of Rogi Kalyan Samitis registered at different levels of facilities - April 2009 (number of facilities as per RHS 2007)

G.2 ASHA

6.96 lakhs ASHAs have been recruited so far; however, out of these 4.6 lakhs (66.1%) ASHAs are having drug kits:

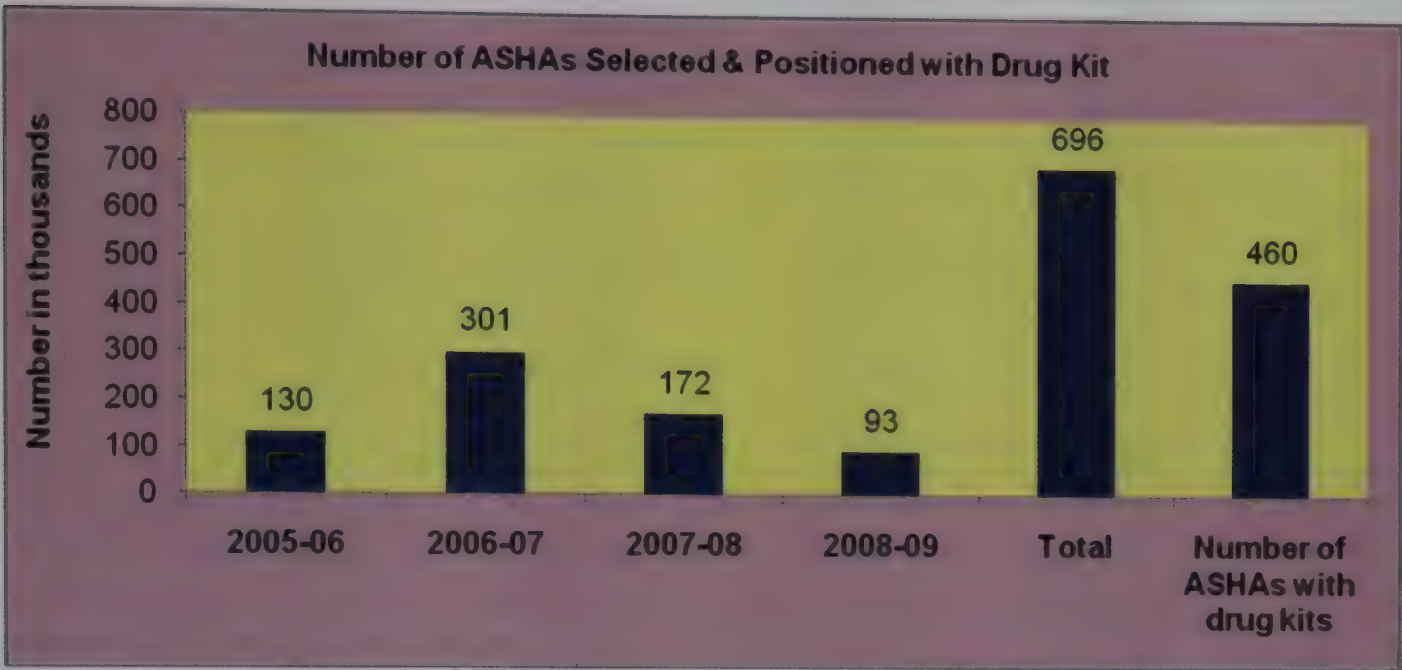


Fig. 41. Annual trends in No. of ASHAs recruited, and current status of no. of ASHAs with drug kits - April 2009

Out of 6.96 lakhs ASHAs recruited so far, only 5.79 lakhs (83.2%) have been given 1st module training, 3.78 lakhs (54.3%) 2nd module, 3.53 lakhs (50.7%) 3rd module, 3.19 lakhs (45.8%) 4th module and 11,000 (1.6%) in 5th module:

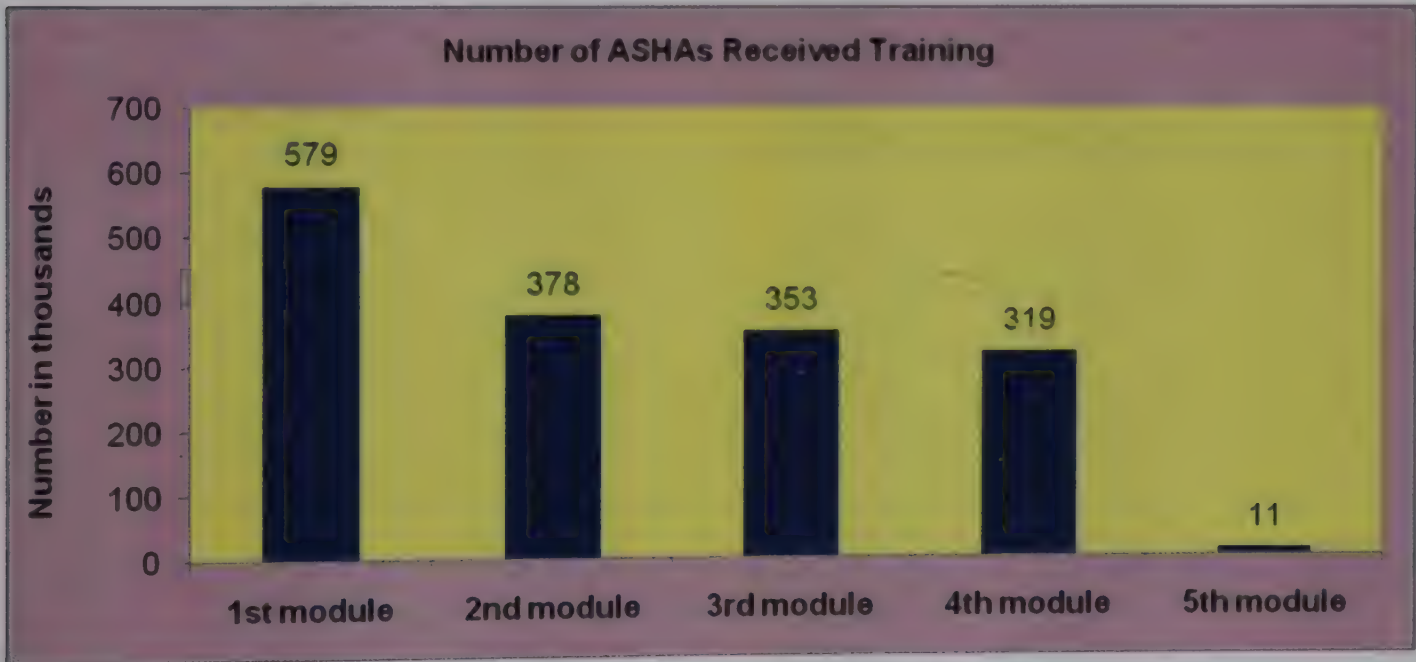


Fig. 42. No.of ASHAs that have received in different training modules - April 2009

3. HMIS CHALLENGES

The key challenge in the roll-out of any Health Management Information System (HMIS) in any country and more so in a diverse country as India, is the how useful the data and management information reports are perceived by various states and stakeholders for better planning, implementation and monitoring. It should not be seen as just another reporting requirement, but as a tool for identifying areas for corrective action for strengthening the programme. Some of the data inconsistencies highlighted in the previous section point to a need for greater efforts.

A. Data Quality / Validity

In several indicators, the data increases in the last quarter and in many cases, in the last month of the financial year i.e. March. Considering the fact that the HMIS application was rolled out in October 2008 and States were requested to upload the legacy data from April 2008 onwards, there would be reporting challenges which would smoothen out as the States get acclimatised to the new reporting system and platform for generating their standard monitoring reports.

Another issue is that the States are now getting familiar with the significance of entering data from the various registers. This can be reinforced by viewing the data entered as indicators over time and across regions (State/District) to identify abnormalities in the data. In addition, the states also need to compare the HMIS data with data from other sources like household surveys, administrative data etc. so that they could be corroborated.

B. Reporting delays / Data gaps

As the roll out of the web based HMIS application was preceded by a change in the reporting formats, some states mentioned that they required time to change their reporting system and registers. Consequently, some of the states have not been able to report on some of the data items which have an impact on the performance for the state. A few states have also expressed a need for further training and capacity building on the formats as also the web enabled system. It is expected that during the year 2009-2010, some of these issues will get resolved.

C. Comparability with survey data

Capturing health information from the private sector remains a challenge and the HMIS primarily focuses on reporting from the public health system. Thus, a data from the HMIS system would not be comparable with the results of the household surveys, which captures information from the private sector also. This would improve once the mechanism for capturing information from the private sector is institutionalised.

D. Systemic Issues

The States/Districts are regularly uploading data on the HMIS web portal of the Ministry. However, some of the challenges observed during this period are listed below:

- Identifying and notifying Nodal Information Officers at various levels
- Data definitional issues on the information to be captured/reported
- IT enabling Districts/Blocks/Health Facilities
- Reducing redundancy
- Training at State/District/Sub District Level
- Using Data validation and quality checks
- Managing increased user base
- Increasing information awareness/consciousness using HMIS

The HMIS has been successfully rolled out up to district level and is now being expanded to the sub district level. The States have strengthened their Monitoring and Evaluation capabilities by IT enablement majority of the Blocks with computers, computer operators and internet connectivity. According to a study conducted by World Bank for MoHFW, 80% of the time is utilised in data collection and 20% in data analysis and there is a need to leverage ICT to automate routine activities so that the quality time of the Health Manager is used for evidence based planning and day to day administration.

A Clearing House has been established in MoHFW to act as a Secretariat for streamlining all information flows through the HMIS portal and to reduce redundancies across programs.

4. HMIS - THE ROAD AHEAD

A. Instilling confidence - data discipline

The HMIS portal provides complete flexibility to all users and various checks and mechanisms have been inbuilt that facilitates users to cross-check and verify data before it is committed on the system. At the on-line entry stage, incorrect entries that violate validation rules are flagged for corrections. Thereafter, based on a statistical analysis of trends, probable outliers can be identified by the data manager and cross-checked. The district data manager can prepare his district health profile and analyse its performance both as standard reports or customised reports. These analytical tools will assist the health managers across the country in better appreciation of information and its use for local level management and decision making.

Thus data discipline and protocols need to be inculcated at all levels in the health reporting machinery.

- The data needs to be captured and reported on time, and provisional reports prepared to detect probable outliers.
- The data is to be constantly checked and verified before committing it in the system.
- States and stakeholders need to constantly analyse the data and give feedback to the data originators.
- A fortnightly data compilation schedule / release calendar is to be specified for release of monthly/ quarterly/ annual reports.
- The data entered by the nodal person at the state/ district/ block needs to be constantly reviewed by the public health managers.

B. Accelerate pace of training/ capacity building

Capacity building of personnel is a major challenge. With data being entered at the district level and soon to be taken down to the block/ facility level, the total training load is immense:

- Training modules are to be finalised for each level, including standard definitions on indicators and what is to be captured/measured for each data field and penetrated to the lowest data capturing/reporting functionary.
- Training capacity needs to be enhanced, including identifying institutions / resource persons for engaging in training at sub-district levels on a regular basis.
- The health programme managers at all levels need to be acquainted with the power and features of the HMIS Portal to assist in their day to day administration.

The above steps would go a long way in increasing ownership of data and its flow in the system.

C. Expansion of Monitoring activities through ICT

The HMIS activities and functionalities on the portal are being continuously enhanced based on the feedback received from its large number of users. As the district level reporting attains stabilisation, data capturing at the sub-district level is being rolled out where the challenges will have a new dimension. The cooperation and drive of the States in this expansion would be necessary in capacity building both for human resources and for computing facilities. The HMIS portal would soon be integrated with advanced Geographical Information System (GIS) capabilities so that policy makers can make more complex decisions. Various opportunities like integration with mobile technology and electronic health records would also be explored and exploited in the near future. Integration of the MIS activities across other National Health Programmes is also planned during the year. In view of the increased user base, establishing a call centre is being explored with a toll free helpline accessible across the country for the HMIS users. The users at any level will be able to call this number and get answers not only on the usage of the web portal but also on the formats. The States will also need to strengthen their respective HMIS cells by augmenting their manpower and technical resources. Participation of States/UTs shall be very critical towards successful running of HMIS activities and utilisation of data.

5. KEY HEALTH PROGRAMMES

The HMIS is and will remain to be a continuously evolving platform for empowering citizens and stakeholders. The following paragraphs describe the progress of key health programmes and interventions. The following analysis is presented based on the information provided by the various divisions in MoHFW.

A. JANANI SURAKSHA YOJANA (JSY)

JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir. Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro-birth plan. This helps in monitoring Antenatal Check-ups, and the post delivery care. With nearly 83.78 lakh beneficiaries in 2008-09, JSY has seen a sharp off take in the country, up from 7.39 lakhs, 31.58 lakhs and 73.29 lakh beneficiaries in 2005-06, 2006-07 and 2007-08 respectively.

Under the JSY Scheme Institutional deliveries have substantially increased, and there has been a shift in institutional deliveries from district hospitals/DHs to CHCs and PHCs (accounting for >70%), thus easing the load on the DHs. There has been an increased utilization of ANC services which also led to high coverage of Post natal care, zero dose polio, BCG. However, the minimum two day stay post delivery is not adequately ensured and there are delays in payments to beneficiaries.

Another key challenge for the JSY programme is that the full potential of JSY in terms of provision of essential new born care and post partum family planning counselling is yet to be realised. Several steps are being undertaken to strengthen JSY implementation and monitoring like Payment prior to discharge through bearer cheque, Monitoring of JSY/ verification of beneficiaries by officials at different levels, Public disclosure of beneficiaries at the facility, and setting up of grievance redressal mechanism for JSY. The Two days stay after delivery is to be further promoted and essential newborn care and post partum counselling is to be focused upon in high volume facilities. Other interventions conceived are improved monitoring of Quality of deliveries at public health facilities and at accredited private sector facilities. By the end of 2007-08, 3154 private facilities across the country have been accredited to provide antenatal care and delivery services under JSY.

B. National Leprosy Eradication Programme (NLEP)

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Multi Drug Therapy (MDT) came into wide use from 1982 and the National Leprosy Eradication Programme was launched in 1983. Since then, remarkable progress has been achieved in reducing the disease burden. India achieved the goal of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population, at the National level in the month of December 2005 as set by the National Health Policy, 2002. The National Leprosy Eradication Programme is 100% centrally sponsored scheme. MDT is supplied free of cost by WHO.

The major programme components includes Decentralized integrated leprosy services through General Health Care System, Training in leprosy to all General Health Services functionaries, Intensified Information, Education & Communication (IEC), Renewed emphasis on Prevention of Disability and Medical Rehabilitation & Monitoring and supervision. 32 states/UTs have achieved leprosy elimination status. At the end of March 2009, there were 86,331 leprosy cases under treatment. During 2008-09, The Annual New Case Detection Rate was 11.19 per 100,000 population. During the year, 2960 reconstructive surgeries were conducted on leprosy affected persons for correction of their deformities

More emphasis is given to Prevention of Disability and Medical Rehabilitation of leprosy affected persons. Under disability prevention, diagnosis and treatment of cases with lepra reaction, relapse and insensitive hands & feet is done at PHC. Dressing materials and supportive medicines are provided to leprosy affected persons with ulcers and wounds. Micro-cellular rubber (MCR) footwear are supplied to all needy persons to protect their insensitive feet. A scheme to involve ASHA was drawn up to bring out leprosy cases from their villages for diagnosis at PHC and follow up cases for treatment completion.

B.1 NLEP Performance during 2008-09

The year 2008-09 started with 0.87 lakh leprosy cases on hand as on 1st April 2008, with PR 0.74/10,000. Till then 29 States/ UTs had attained the level of leprosy elimination .482 districts (78.5%) out of total 614 districts also achieved elimination by March 2008. 394(62.54%) districts out of total 630, have ANCDR < 10 per 100,000 population and 77 districts have ANCDR > 20/100,000. Only 4 districts with ANCDR > 50/100,000 population are in Chhattisgarh (3) and Gujarat (1).

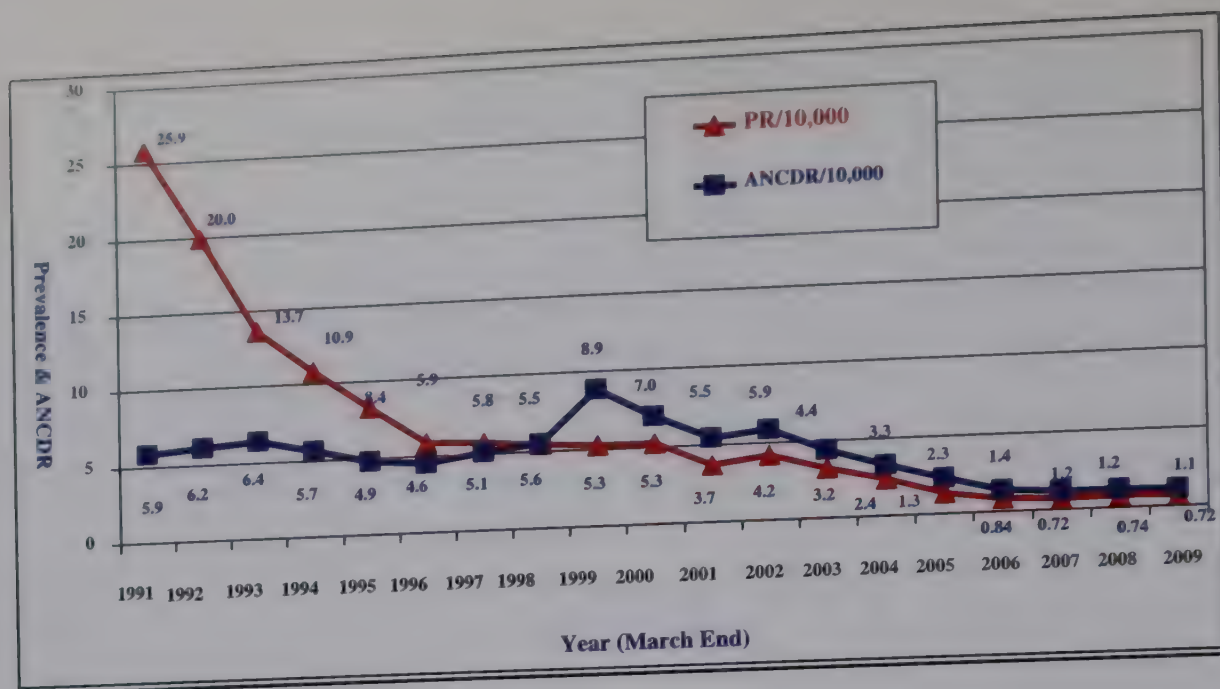


Fig. 43. NLEP Performance during 2008-09

Out of the total 1.30 lakh new cases deleted from records, a total of 1.21 lakh (92.7%) completed their treatment within the specified period and were released from treatment (RFT) as cured during 2008-09.

B.2 NLEP – the road ahead

Guidelines on Community Based Rehabilitation (CBR) were issued to the States who were requested to take measures so that Rehabilitation of people affected by Leprosy can be integrated into General CBR programmes in the state. In Leprosy endemic areas where only Leprosy related programme is available, these programmes are encouraged to introduce CBR strategies and to open up their services to people with other disabilities. There are about 617 Leprosy colonies in the country and the States have started providing medical services to the inmates of these colonies. At some places NGOs also provide regular medical services in the colonies run by them. States also facilitate the persons affected by Leprosy to receive Disability certificate to enable them to get the facilities available under schemes of the Social welfare department. Ministry of Health & F.W. as the nodal agency has taken up the issues of Acts and Laws discriminatory to the persons affected by Leprosy with other Ministries viz., Finance, Law, Social Welfare, Railways, Surface transport, Child and Women Welfare etc. These Acts and Laws are being modified or repealed, which will help the persons affected by Leprosy live a dignified life.

C. Revised National TB Control Programme (RNTCP)

The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997 expanded across the country in a phased manner with support from World Bank and other development partners. Full nationwide coverage was achieved in March 2006 covering over a billion population (1114 million) in 632 districts / reporting units. In terms of treatment of patients, RNTCP is the largest and the fastest expanding programme in the world.

The Goal of the programme is to decrease mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problem in India. The main objectives of the programme is to achieve and maintain cure rate of at least 85% among New

Sputum Positive patients, to achieve and maintain case detection of at least 70% of the estimated NSP cases in the community.

C.1 Performance of RNTCP

- India is the highest TB burden country in the world, accounting for nearly one-fifth of the global incidence. In 2007, out of the global annual incidence of 9.23 million TB cases, 1.96 million were estimated to have occurred in India, of whom 0.8 million were infectious cases.
- In 1999, the Indian expansion of RNTCP accounted for 1/3 and in 2000 and 2001 for over 1/2 of the global increase in DOTS coverage. In 2005 alone, 1.29 million TB patients were initiated on treatment. In 2006, 1.39 million and in 2007, 1.48 million patients have been enrolled for treatment. In 2008 over 1.51 million patients have been initiated on treatment.
- India has contributed to approximately 24% of the total global new cases detection during the year 2007 as per the WHO Global Report 2009.
- Treatment success rates have tripled from 25% to 86%. TB death rates have been cut 7-fold from 29% to 4%.
- Since its inception, the Programme has initiated over 10 million patients on treatment, thus saving more than 1.8 million additional lives
- The programme has consistently maintained the treatment success rate >85% and new sputum positive (NSP) case detection rate close to the global target of 70%. From 2007 onwards, RNTCP has also achieved the NSP case detection rate of more than 70% in line with the global targets for TB control. In 2008 the NSP Case detection rate was 72% and treatment success rate 87%.
- **Monitoring, supervision and evaluation:** All states are currently implementing the 'Supervision and Monitoring strategy' – detailing guidelines, tools and indicators for monitoring the performance from the PHI level to the national level. The programme is focusing on the reduction in the default rates amongst all new and re-treatment cases and is undertaking steps for the same.
- Quality assured diagnostic facilities are available through more than 12,500 laboratories across the country. As a result, the proportions of sputum positive cases confirmed in the laboratory are double to that of the previous programme and are on par with international standards.
- **External Quality Assurance:** To ensure quality, external quality assurance of sputum microscopy is being routinely conducted throughout the country. The protocol being implemented has taken into consideration the recommendations of the recently published international guidelines and has all components for ensuring quality – on site evaluation, panel testing and blinded crosschecking.
- To improve access to tribal and other marginalized groups the programme has developed a Tribal action plan which is being implemented with the provision of additional TB Units and DMCs in tribal/difficult areas, additional staff compensation for transportation of patient & attendant in tribal areas, Higher rate of salary to contractual staff etc.
- Paediatric patient wise boxes have been introduced under the programme since 2006 for treatment of paediatric patients suffering from TB. These boxes are designed according to the dosages used for different weight bands. All the key RNTCP staff has been trained in the use of these boxes

- Over 2500 NGOs, 19500 private practitioners, and 150 corporate in the provision of RNTCP services. Presently, 267 medical colleges (including private colleges) have been involved in RNTCP by the end of 4Q08. Health facilities in government sectors outside Health Ministry have been involved viz. ESI, Railways, Ports and the ministries of Mines, Steel, coal, etc. Intensified IMA-PPM project is being undertaken in 167 districts of 6 states. CBCI, a faith based organisation (FBO), is undertaking RNTCP activities in 11 states.

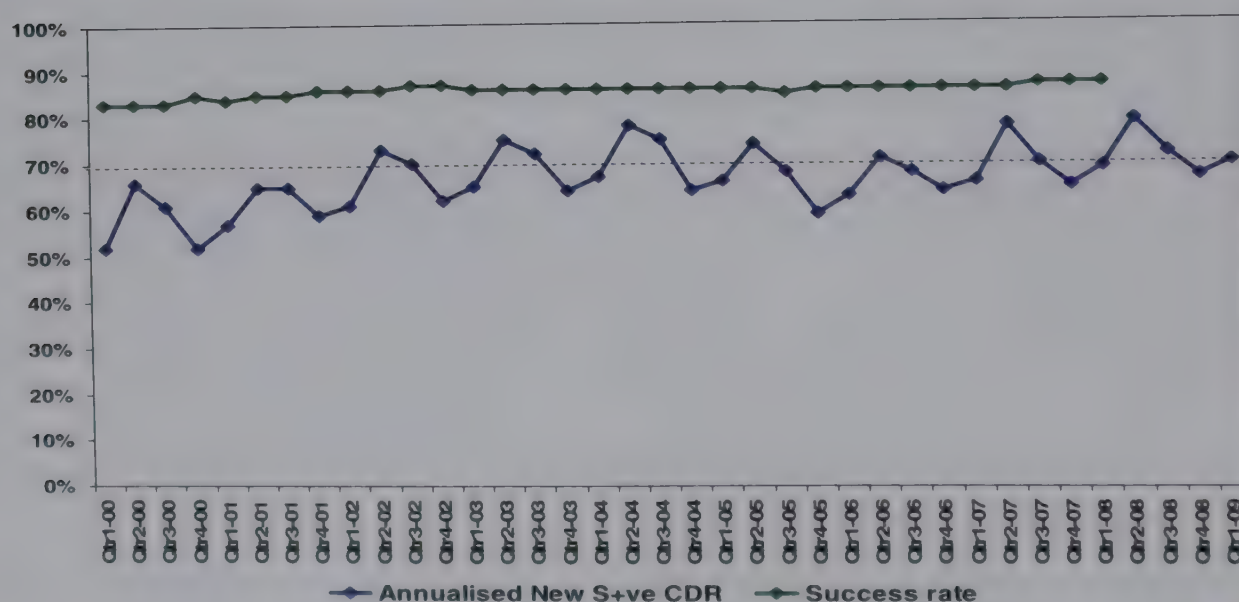
C.2 TB HIV coordination

The collaborative activities being undertaken in 14 states during 2006, have been scaled up to involve all the states in 2007. NACP & RNTCP have developed "National framework of joint TB/HIV Collaborative activities" in 2007 which was revised in Feb. 2008 and redefines the scope of TB/HIV collaborative activities being implemented in the country.

C.3 DOTS Plus for management of Multidrug resistant TB (MDR-TB)

The programme is in the process of establishing a network of 27 accredited Culture and Drug Susceptibility testing Intermediate Reference Laboratories (IRL) across the country in a phased manner for diagnosis and follows up of MDR TB patients. The IRLs at Gujarat, Maharashtra, Andhra Pradesh, Delhi, Kerala, Tamil Nadu, Rajasthan have been accredited recently. The IRLs at Orissa and West Bengal have successfully completed the proficiency testing and will be accredited shortly. Another 4 IRLs (Haryana, Uttarakhand, Chhattisgarh and Jharkhand) are under the accreditation process and are expected to be accredited in 2009. The remaining IRLs will be accredited in 2010.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, India, 2000-2009*



- Population projected from 2001 census
- Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)



Fig. 44. RNTCP Performance during 2008-09

C.4 ACSM/IEC

- At the National level media agency is hired to support the IEC activities
- RNTCP has web based IEC Resource Centre on website which houses more than 300 types of materials for adaptation
- All States & Districts have plan and implement need based IEC Annual Action Plan
- States have been provided communication facilitators to support the IEC activities at the district level
- Quarterly reporting on IEC activities is in place and is monitored at the state and central level

C.5 Impact of the programme

Prevalence of all forms of TB has been brought down from 586/lakh population (1990) to 283/lakh population in 2007 and TB mortality in the country has reduced from over 42/lakh population in 1990 to 28/lakh population in 2007 as per the WHO global report 2009. National estimates of ARTI prior to 2000 were 1.7 and estimates based on National ARTI survey in 2001-03 is 1.5. Repeat population surveys conducted by TRC indicate an annual decline in prevalence of disease by 12%. India should be able to achieve the MDG if an average of 5% annual decline is maintained. The programme has initiated surveys to assess the impact of RNTCP and progress towards TB related Millennium Developmental goals. Disease prevalence surveys are ongoing at 7 sentinel sites.

D. National Vector Borne Disease Control Programme

D.1 Malaria

Malaria reported cases in country have been reduced from 2.09 million in 2001 to 1.52 million in 2008. Human resource such as multi-purpose workers (Male), State and District Consultant, Malaria Technical Supervisors etc. provided by GoI as additional assistance to states. 1.5 lakh ASHAs trained for detection of falciparum malaria and provide treatment. External assistance project for 250 million USD under World Bank support is approved.

Initiatives

- Strengthening of Human Resource by providing Contractual MPW male, Lab Technicians, Distt. VBD Consultants, MTS and Involvement of ASHAs for surveillance and treatment.
- Upscaling use of Rapid Diagnostic Test Kits
- Introduction of effective anti-malarial - ACT for *Pf* Cases
- Upscaling of bednets use and introduction of Long Lasting Insecticide Nets (LLIN) for use in programme.
- Focused intervention in high malaria endemic districts will be intensified and GIS mapping will be used for stratification.
- Intensified supervision and monitoring of programme implementation especially spraying

D.2 Filaria

Filaria targeted for elimination by 2015 i.e. to bring down microfilaria rate less than 1% in the community so as to prevent any new case. Population of about 600 million in 15 states and 5 Union Territories living at risk of lymphatic filariasis are covered under strategy of annual mass drug administration with single dose of anti-filaria drugs. The coverage is more than 85% of the targeted population. More than 180 districts out of 250 are now reporting microfilaria rate less than 1%.

Initiatives

- Mass Drug Administration (MDA) will be implemented in 250 filaria endemic districts.
- Upscaling of co-administration of DEC + Albendazole tablets during MDA.
- Intensification of morbidity management for lymphoedema patient and hydrocele operation for patients suffering with hydrocele
- Intensification of IEC/BCC activities.

D.3 Kala-azar

Kala-azar is targeted for elimination by 2010 i.e. cases are to be brought to less than 1 case per 10,000 population at sub-district level. New initiatives for case search, diagnosis and treatment have reduced kala-azar cases to 33234 in 2008 as compared to 44533 in 2007.

Initiatives

- Upscaling use of new diagnostic tools i.e. rK39.
- Use of new oral drug Miltefosine as the first line of treatment in 10 pilot districts of Bihar, West Bengal and Jharkhand as supervised treatment.
- Patient Coding Scheme will be implemented which would facilitate tracking of all patients of Kala-azar down to the village and individual household level with greatly improved default retrieval.
- ASHAs will be involved for case referral and motivation for complete treatment.
- Incentives to Patient for loss of wages @Rs. 50/- per day during the period of treatment.
- Free diet support to patient and one attendant.
- Incentive to Kala-azar activist / health worker including ASHAs @ Rs. 200/- for identification of suspected kala-azar case and ensuring complete treatment of kala-azar case.
- Strengthening of monitoring of diagnosis and treatment by frequent visits by programme personnel.

D.4 Japanese Encephalitis

Japanese Encephalitis a viral disease is being reported under the umbrella of Acute Encephalitis Syndrome (AES). In 2005, 6727 cases and 1682 deaths were reported which started declining. During the year 2008, 3839 cases and 684 deaths due to AES/JE were reported as compared to 4110 cases and 995 deaths in 2007. Under JE vaccination programme for children between 1 and 15 years of age, 11 districts in 4 states were covered in 2006, 28 districts in 10 states in 2007 and 24 districts in 10 states in 2008. Total 104 districts are targeted for vaccination with a plan to cover by 2010.

Initiatives

- Strengthening of diagnostic facilities through 51 sentinel surveillance laboratories and 13 Apex Referral laboratories
- Strengthening of case management and trained resource manpower by capacity building
- Early case reporting and referral of cases.
- Constitution of trained Rapid Response Team in each endemic districts.
- Intensive IEC campaign.

D.5 Dengue

Dengue cases show fluctuations every year. Various initiatives on strengthening of diagnosis, surveillance, case management and awareness generation have increased early referral of cases and thereby reduction of deaths. In 2008, 12561 cases were reported with 80 deaths as against 16517 cases and 545 deaths in 1996.

D.6 Chikungunya

About 13.90 lakhs suspected cases of Chikungunya were reported in 2006 first time in country after 30 years and in 2008, only 95091 cases have been reported due to better prevention and control treatment.

Initiatives

- Strengthening of diagnostic facilities through established sentinel surveillance hospitals and Apex Referral laboratories.
- Sero-surveillance activities at regular intervals.
- Monitoring of vector population in vulnerable areas.
- Capacity building for the medical officers for case management.
- Adequate supply of diagnostic kits at the periphery.
- Intensive social mobilization campaigns through IEC/BCC activities for community involvement.

E. *Integrated Disease Surveillance Project (IDSP)*

Integrated Disease Surveillance Project funded by the World Bank is being implemented since November 2004 with the objective of strengthening surveillance system with various Communicable Diseases and Risk Factor of Non-Communicable Diseases. One of the important component of the Project is to use Information Technology and Communication Technology in data management, analysis and rapid response in case of impending outbreaks. To strengthen transmission of data, the Ministry of Health & FW and Indian Space Research organization (ISRO) have agreed to cooperate in providing satellite linkage for various activities under World Bank funded Integrated Disease Surveillance Project. ISRO would provide adequate bandwidth on one of its satellite, EDUSAT for this Project. This satellite has 5 regional beams and one national beam covering the entire country. This linkage would be available for Data Transmission for Integrated Disease Surveillance, Distance Training Programmes for various National Health Programmes, Tele-conferencing to review various schemes with the States, Networking: A nation-wide information highway for the Health Sector, Multi-media channel of communication and feedback.

Table 2: IDSP Report for the first Quarter (Jan-March) 2009
No. of disease outbreaks reported & responded by IDSP during the Quarter (Jan-March, 2009)

S.No	States	Cholera	Viral Hepatitis	Malaria	Dengue	Chikungunya	Measles	Anthrax
1	Andhra Pradesh	7	-	-	-	-	1	1
2	Arunachal Pradesh	1	-	-	-	-	-	-
3	Assam	1	-	1	-	-	1	-
4	Bihar	-	-	-	-	-	1	-
5	Chhatisgarh	-	-	-	-	-	-	-
6	Goa	-	-	-	-	-	-	-
7	Gujarat	1	2	-	-	1	5	-
8	Haryana	-	-	-	-	-	-	-
9	Himachal Pradesh	-	-	-	-	-	-	-
10	J& K	-	-	-	-	-	-	-
11	Jharkhand	-	-	-	-	-	-	-
12	Karnataka	6	-	1	-	2	-	-
13	Kerala	-	4	-	-	-	-	-
14	Madhya Pradesh	-	-	-	-	-	2	-
15	Maharashtra	2	-	4	1	1	1	-
16	Manipur	-	-	-	-	-	-	-
17	Meghalaya	1	-	-	-	-	-	-
18	Mizoram	-	-	-	-	-	-	-
19	Nagaland	-	-	-	-	-	-	-
20	Orissa	4	-	-	-	-	1	-
21	Punjab	-	2	-	-	-	-	-
22	Rajasthan	2	1	-	-	-	-	-
23	Sikkim	-	-	-	-	-	-	-
24	Tamil Nadu	12	-	-	1	4	2	-
25	Tripura	-	-	-	-	-	-	-
26	Uttar Pradesh	1	-	-	-	-	7	-
27	Uttarakhand	-	-	-	-	-	1	-
28	West Bengal	3	-	-	-	-	1	-
29	Andaman & Nicobar	-	-	-	-	-	-	-
30	Chandigarh	-	-	-	-	-	-	-
31	Dadra & Nagar Haveli	-	-	-	-	-	-	-
32	Daman & Diu	-	-	-	-	-	-	-
33	NCT Delhi	-	-	-	-	-	-	-
34	Lakshadweep	-	-	-	-	-	-	-
35	Puducherry	-	-	-	-	-	-	-
	Total	41	9	6	2	8	23	1

6. HMIS - Performance Statistics

S. No. Description

Estimation of need assessed – a short note

A Immunisation

- A.1** Bacillus Calmette-Guérin (BCG)
- A.2** Diphtheria, Pertussis and Tetanus (DPT)
- A.3** Diphtheria and Tetanus - DT (2nd Dose)
- A.4** Measles
- A.5** Polio
- A.6** Tetanus Toxoid - T.T. (10 years)
- A.7** Tetanus Toxoid - T.T. (16 years)

B Maternal Health

- B.1** Maternal Health
- B.2** Maternal Health - ANC
- B.3** Maternal Health - Domestic Deliveries
- B.4** Maternal Health - Institutional Deliveries
- B.5** Tetanus Immunisation (Expectant Mothers)
- B.6** Prophylaxis Against Nutritional Anaemia Among Women
- B.7** Prophylaxis Against Blindness (Vitamin A – 1st Dose)
- B.8** Prophylaxis Against Blindness (Vitamin A – 5th Dose)
- B.9** Prophylaxis Against Blindness (Vitamin A – 9th Dose)

C Family Planning

- C.1** Condom Users
- C.2** Oral Pill Users
- C.3** IUD Insertions
- C.4** Sterilisations
- C.5** Vasectomy to Total Sterilisations

Estimation of need assessed – a short note

Population Projections are undertaken by expert groups that bring out with their technical reports after the decadal census. The National Commission on Population brought out the population projections for India and the Major States for the years 2001 to 2026. These projections are at the aggregate level for each year and the break up in 5 years age groups at 5 yearly intervals. For the purpose of estimating the target population for various health interventions, it is necessary to have estimates for the population by single year age groups. There are several ways to do this, including using the single year proportions from the census 2001 data. However, these proportions were underestimating the population in the 0-1 age group. Consequently the methodology adopted by international bodies like the EU Commission based on Sprague Multipliers was used, since they yield more reliable estimates and are widely used by demographers and social scientists. In absence of age group data for various years, the following assumptions were made to arrive at the population projections for various years:

- The Sprague Multipliers were used to compute/interpolate the single year population estimates for the year 2006.
- The 5 year age group categories for 2006 were presumed to prevail in each year till 2011 when the next estimates for 5 year age groups would be applicable.
- The single year proportion of population estimated for 2006 was applied to the projected mid-year population for each state for the year 2008-09. A similar method is applicable for all the years between 2006 and 2011.
- For the North-Eastern States, excluding Assam, the single year population proportions were applied to all North-East states excluding Assam, where separate estimates were available. These proportions were also used for the Union Territories and Goa.

Based on the above methodology, the demographic projections for 2008-2009 are given in the Table 3 on the following page.

Table 3: Estimated Need Assessed for the Year 2008-09

State/UT/Agency		Estimated no. of Pregnant women	Children up to 1 year of age	Children up to 3 years of age	Children up to 5 years of age	Children up to 10 years of age	Children up to 16 years of age	Estimated No. of Eligible Couples Unsterilised
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	14,66,000	14,36,000	14,71,000	16,47,000	17,60,000	52,14,000
	Assam	7,93,000	6,73,000	6,39,000	6,60,000	6,93,000	6,77,000	38,36,000
	Bihar	30,55,000	26,16,000	23,78,000	24,82,000	25,19,000	22,53,000	1,24,99,000
	Chhattisgarh	6,84,000	5,85,000	5,35,000	5,38,000	5,37,000	5,16,000	22,21,000
	Gujarat	14,45,000	12,45,000	11,12,000	11,18,000	11,49,000	11,70,000	55,50,000
	Haryana	6,29,000	5,40,000	5,01,000	5,08,000	5,32,000	5,55,000	24,78,000
	Jharkhand	8,74,000	7,56,000	6,94,000	7,29,000	7,60,000	7,19,000	40,59,000
	Karnataka	12,68,000	10,99,000	10,35,000	10,61,000	11,30,000	12,16,000	40,77,000
	Kerala	5,49,000	4,93,000	5,42,000	5,50,000	5,49,000	5,77,000	27,33,000
	Madhya Pradesh	21,77,000	18,36,000	16,66,000	16,50,000	16,42,000	15,70,000	66,10,000
	Maharashtra	21,68,000	19,04,000	20,58,000	20,97,000	21,43,000	22,54,000	86,14,000
	Orissa	9,43,000	7,96,000	7,46,000	7,71,000	8,30,000	8,48,000	43,10,000
	Punjab	5,21,000	4,53,000	4,64,000	4,66,000	5,11,000	5,68,000	28,74,000
	Rajasthan	20,01,000	17,01,000	15,65,000	16,03,000	16,25,000	15,12,000	74,17,000
	Tamil Nadu	11,54,000	10,12,000	10,41,000	10,33,000	10,99,000	12,01,000	50,63,000
	Uttar Pradesh	62,41,000	52,82,000	48,47,000	47,50,000	48,25,000	45,95,000	2,61,81,000
	West Bengal	17,23,000	15,08,000	15,74,000	16,70,000	18,21,000	18,82,000	97,47,000
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	26,000	22,000	25,000	27,000	29,000	1,42,000
	Delhi	3,43,000	3,01,000	3,01,000	3,22,000	3,39,000	3,65,000	21,93,000
	Goa	26,000	24,000	30,000	33,000	37,000	39,000	1,70,000
	Himachal Pradesh	1,27,000	1,10,000	1,16,000	1,19,000	1,25,000	1,37,000	4,86,000
	Jammu & Kashmir	2,37,000	2,05,000	2,23,000	2,18,000	2,42,000	2,71,000	12,35,000
	Manipur	38,000	34,000	44,000	49,000	54,000	56,000	2,83,000
	Meghalaya	68,000	59,000	47,000	52,000	57,000	60,000	3,25,000
	Mizoram	20,000	17,000	18,000	20,000	22,000	23,000	72,000
	Nagaland	42,000	37,000	40,000	45,000	49,000	52,000	2,27,000
	Sikkim	12,000	10,000	11,000	12,000	13,000	14,000	62,000
	Tripura	66,000	58,000	65,000	72,000	79,000	83,000	4,43,000
	Uttarakhand	2,15,000	1,86,000	2,06,000	2,02,000	2,10,000	2,20,000	10,47,000
III. UNION TERRITORIES	A & N Islands	8,000	7,000	8,000	9,000	10,000	11,000	41,000
	Chandigarh	22,000	19,000	23,000	26,000	29,000	30,000	1,69,000
	Dadra & Nagar Haveli	9,000	8,000	6,000	6,000	7,000	7,000	39,000
	Daman & Diu	5,000	4,000	4,000	5,000	6,000	6,000	21,000
	Lakshadweep	2,000	1,000	1,000	2,000	2,000	2,000	11,000
	Puducherry	21,000	18,000	23,000	25,000	28,000	29,000	1,02,000
TOTAL	All India	2,92,19,000	2,50,89,000	2,40,21,000	2,43,99,000	2,53,48,000	2,53,07,000	12,05,51,000

Performance Statistics from HMIS Portal

Part A.

Immunisation

M-125
11471 P09

Performance Statistics - April 2008 to March 2009

Table A.1: Bacillus Calmette-Guérin (BCG)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,66,000	15,44,541	15,84,598	-2.5	105.4	100.0
	Assam	6,73,000	6,92,433	6,95,196	-0.4	102.9	100.0
	Bihar	26,16,000	24,23,801	22,54,381	7.5	92.7	97.1
	Chhattisgarh	5,85,000	5,92,964	6,01,299	-1.4	101.4	88.9
	Gujarat	12,45,000	11,40,740	12,08,784	-5.6	91.6	100.0
	Haryana	5,40,000	5,58,428	5,95,719	-6.3	103.4	93.7
	Jharkhand	7,56,000	6,83,922	7,25,198	-5.7	90.5	89.6
	Karnataka	10,99,000	10,73,672	10,97,468	-2.2	97.7	99.4
	Kerala	4,93,000	5,08,871	5,41,661	-6.1	103.2	100.0
	Madhya Pradesh	18,36,000	18,64,885	19,95,229	-6.5	101.6	57.8
	Maharashtra	19,04,000	20,04,914	20,54,591	-2.4	105.3	97.1
	Orissa	7,96,000	6,39,446	8,47,802	-24.6	80.3	93.1
	Punjab	4,53,000	4,59,812	5,13,344	-10.4	101.5	99.6
	Rajasthan	17,01,000	18,32,836	18,00,714	1.8	107.8	100.0
	Tamil Nadu	10,12,000	10,88,061	11,36,573	-4.3	107.5	93.0
	Uttar Pradesh	52,82,000	69,91,573	56,41,889	23.9	132.4	94.7
	West Bengal	15,08,000	15,66,125	18,04,918	-13.2	103.9	96.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	26,000	19,566	15,047	30.0	75.3	92.7
	Delhi	3,01,000	1,56,814	3,02,969	-48.2	52.1	100.0
	Goa	24,000	27,813	27,549	1.0	115.9	100.0
	Himachal Pradesh	1,10,000	1,34,314	1,29,882	3.4	122.1	100.0
	Jammu & Kashmir	2,05,000	2,01,891	3,04,932	-33.8	98.5	86.7
	Manipur	34,000	46,753	27,230	71.7	137.5	100.0
	Meghalaya	59,000	64,262	70,565	-8.9	108.9	90.5
	Mizoram	17,000	10,374	19,962	-48.0	61.0	52.3
	Nagaland	37,000	15,202	28,181	-46.1	41.1	84.8
	Sikkim	10,000	8,246	11,133	-25.9	82.5	91.7
	Tripura	58,000	55,466	58,276	-4.8	95.6	100.0
	Uttarakhand	1,86,000	2,01,903	2,28,027	-11.5	108.6	100.0
III. UNION TERRITORIES	A & N Islands	7,000	3,593	5,505	-34.7	51.3	14.6
	Chandigarh	19,000	21,226	24,067	-11.8	111.7	91.7
	Dadra & Nagar Haveli	8,000	7,918	7,928	-0.1	99.0	100.0
	Daman & Diu	4,000	1,417	3,564	-60.2	35.4	25.0
	Lakshadweep	1,000	133	972	-86.3	13.3	25.0
	Puducherry	18,000	40,238	38,152	5.5	223.5	47.9
IV. OTHER AGENCIES	M/O Defence	.	27,736	38,232	-27.5	.	75.0
	M/O Railways	.	13,251	19,470	-31.9	.	75.0
TOTAL	All India	2,50,89,000	2,67,25,140	2,64,61,007	1.0	106.5	91.0

Explanatory Note:

1. Data Source: BCG = Item Code (M 10.1.01) HMIS Formats

2. Need Assessed = Estimated number of children up to 1 year of age during current year Formula= $((\text{Pop} \times \text{CBR}) / 1000) \times (1 - \text{IMR} / 1000)$ { Where Po (SRS-2007)p=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007); IMR=Infant Mortality Rate

Performance Statistics - April 2008 to March 2009
Table A.2: Diphtheria, Pertussis and Tetanus (DPT)
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,66,000	15,15,175	15,69,140	-3.4	103.4	100.0
	Assam	6,73,000	6,17,095	6,37,580	-3.2	91.7	100.0
	Bihar	26,16,000	17,84,762	12,77,302	39.7	68.2	95.4
	Chhattisgarh	5,85,000	5,56,311	5,87,434	-5.3	95.1	88.9
	Gujarat	12,45,000	10,63,496	11,74,855	-9.5	85.4	100.0
	Haryana	5,40,000	4,96,494	5,59,352	-11.2	91.9	93.7
	Jharkhand	7,56,000	5,68,010	6,82,444	-16.8	75.1	89.6
	Karnataka	10,99,000	10,26,567	10,82,879	-5.2	93.4	99.4
	Kerala	4,93,000	4,91,454	5,11,060	-3.8	99.7	100.0
	Madhya Pradesh	18,36,000	15,06,989	18,49,200	-18.5	82.1	91.8
	Maharashtra	19,04,000	18,55,253	19,83,696	-6.5	97.4	97.1
	Orissa	7,96,000	5,49,270	7,99,418	-31.3	69.0	93.3
	Punjab	4,53,000	4,04,750	4,98,503	-18.8	89.3	99.6
	Rajasthan	17,01,000	17,14,928	17,13,147	0.1	100.8	100.0
	Tamil Nadu	10,12,000	10,90,287	11,40,122	-4.4	107.7	93.0
	Uttar Pradesh	52,82,000	62,62,130	46,74,871	34.0	118.6	91.4
	West Bengal	15,08,000	10,91,479	15,73,700	-30.6	72.4	96.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	26,000	16,370	13,193	24.1	63.0	96.4
	Delhi	3,01,000	1,31,829	2,37,988	-44.6	43.8	100.0
	Goa	24,000	24,552	23,768	3.3	102.3	100.0
	Himachal Pradesh	1,10,000	1,30,842	1,27,471	2.6	118.9	100.0
	Jammu & Kashmir	2,05,000	2,15,761	2,95,660	-27.0	105.2	86.7
	Manipur	34,000	42,679	21,433	99.1	125.5	100.0
	Meghalaya	59,000	52,374	57,564	-9.0	88.8	90.5
	Mizoram	17,000	10,488	18,963	-44.7	61.7	52.3
	Nagaland	37,000	14,131	26,917	-47.5	38.2	85.6
	Sikkim	10,000	10,106	10,735	-5.9	101.1	91.7
	Tripura	58,000	52,200	51,336	1.7	90.0	100.0
	Uttarakhand	1,86,000	1,90,376	2,18,270	-12.8	102.4	100.0
III. UNION TERRITORIES	A & N Islands	7,000	4,254	6,117	-30.5	60.8	14.6
	Chandigarh	19,000	13,418	16,383	-18.1	70.6	91.7
	Dadra & Nagar Haveli	8,000	7,425	7,278	2.0	92.8	100.0
	Daman & Diu	4,000	1,293	3,356	-61.5	32.3	25.0
	Lakshadweep	1,000	136	1,032	-86.8	13.6	25.0
	Puducherry	18,000	14,391	16,969	-15.2	80.0	47.9
IV. OTHER AGENCIES	M/O Defence	.	37,529	56,979	-34.1	.	75.0
	M/O Railways	.	17,164	31,980	-46.3	.	75.0
TOTAL	All India	2,50,89,000	2,35,81,768	2,35,58,095	0.1	94.0	93.3

Explanatory Note:

1. Data Source: DPT IMMUNISATION = Item Code (M 10.1.04) HMIS Formats

2. Need Assessed = Estimated number of children up to 1 year of age during current year {Formula=((Pop*CBR)/1000)*(1-IMR/1000)}
 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007) ; IMR=Infant Mortality Rate (SRS-2007)}

4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table A.3: Diphtheria and Tetanus - DT (2nd Dose)
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,71,000	12,21,261	14,30,812	-14.6	83.0	98.9
	Assam	6,60,000	1,97,421	3,52,370	-44.0	29.9	89.8
	Bihar	24,82,000	6,31,248	13,98,693	-54.9	25.4	86.0
	Chhattisgarh	5,38,000	5,53,451	6,03,972	-8.4	102.9	88.0
	Gujarat	11,18,000	6,64,348	10,00,058	-33.6	59.4	100.0
	Haryana	5,08,000	5,24,047	5,92,747	-11.6	103.2	93.7
	Jharkhand	7,29,000	2,42,635	5,46,299	-55.6	33.3	81.9
	Karnataka	10,61,000	6,51,372	96,276	576.6	61.4	94.5
	Kerala	5,50,000	3,22,088	3,86,770	-16.7	58.6	99.4
	Madhya Pradesh	16,50,000	10,21,641	16,01,603	-36.2	61.9	58.2
	Maharashtra	20,97,000	17,83,478	18,39,141	-3.0	85.0	97.1
	Orissa	7,71,000	5,55,975	9,09,694	-38.9	72.1	95.0
	Punjab	4,66,000	4,34,783	5,67,743	-23.4	93.3	99.2
	Rajasthan	16,03,000	9,49,332	8,72,051	8.9	59.2	100.0
	Tamil Nadu	10,33,000	7,19,162	10,19,202	-29.4	69.6	92.7
	Uttar Pradesh	47,50,000	20,01,329	5,37,201	272.5	42.1	58.2
	West Bengal	16,70,000	5,94,348	10,76,792	-44.8	35.6	96.5
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	25,000	12,642	.	.	50.6	91.1
	Delhi	3,22,000	47,207	1,18,555	-60.2	14.7	97.2
	Goa	33,000	19,142	25,580	-25.2	58.0	100.0
	Himachal Pradesh	1,19,000	1,10,500	1,12,845	-2.1	92.9	100.0
	Jammu & Kashmir	2,18,000	2,07,737	2,72,243	-23.7	95.3	86.0
	Manipur	49,000	14,246	13,486	5.6	29.1	95.4
	Meghalaya	52,000	87,855	1,19,471	-26.5	169.0	85.7
	Mizoram	20,000	5,340	17,198	-68.9	26.7	42.4
	Nagaland	45,000	12,986	20,278	-36.0	28.9	85.6
	Sikkim	12,000	9,482	14,659	-35.3	79.0	91.7
	Tripura	72,000	35,765	47,069	-24.0	49.7	100.0
	Uttarakhand	2,02,000	1,71,848	2,13,633	-19.6	85.1	100.0
III. UNION TERRITORIES	A & N Islands	9,000	2,125	2,484	-14.5	23.6	12.5
	Chandigarh	26,000	12,561	14,945	-16.0	48.3	91.7
	Dadra & Nagar Haveli	6,000	6,646	5,856	13.5	110.8	91.7
	Daman & Diu	5,000	1,569	3,887	-59.6	31.4	16.7
	Lakshadweep	2,000	43	690	-93.8	2.2	25.0
	Puducherry	25,000	6,130	19,214	-68.1	24.5	22.9
OTHER AGENCIES	M/O Defence	.	12,486	15,773	-20.8	.	75.0
	M/O Railways	.	11,052	14,354	-23.0	.	75.0
TOTAL	All India	2,43,99,000	1,38,55,281	1,58,83,644	-12.8	56.8	84.8

Explanatory Note:

1. Data Source: DT IMMUNISATION = Item Code (M 10.3.2) HMIS Formats
2. NeedAssessed=Estimated No of Children of 5 years of age during current year {Formula=Pop*Proportion of 5 years of Children Where op=Mid Year Projected Population (RGI); Proportion of 5 years of Children=Proportion of 5 years of Children in Census 2001}
3. Data Entered % = {Data entry done for the State (No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table A.4: Measles

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,66,000	14,92,304	15,15,380	-1.5	101.8	99.6
	Assam	6,73,000	5,60,569	5,72,546	-2.1	83.3	99.7
	Bihar	26,16,000	20,12,318	19,14,273	5.1	76.9	94.7
	Chhattisgarh	5,85,000	5,64,085	5,88,513	-4.2	96.4	88.4
	Gujarat	12,45,000	10,24,029	11,53,185	-11.2	82.3	100.0
	Haryana	5,40,000	5,27,163	5,52,045	-4.5	97.6	93.3
	Jharkhand	7,56,000	5,34,755	6,53,839	-18.2	70.7	83.7
	Karnataka	10,99,000	10,08,460	10,40,265	-3.1	91.8	99.4
	Kerala	4,93,000	4,94,112	4,89,485	0.9	100.2	100.0
	Madhya Pradesh	18,36,000	22,48,975	18,35,597	22.5	122.5	60.2
	Maharashtra	19,04,000	17,30,804	18,73,507	-7.6	90.9	97.1
	Orissa	7,96,000	5,12,497	7,81,868	-34.5	64.4	94.4
	Punjab	4,53,000	4,27,046	4,63,316	-7.8	94.3	99.6
	Rajasthan	17,01,000	16,47,520	16,69,277	-1.3	96.9	100.0
	Tamil Nadu	10,12,000	10,43,372	11,32,719	-7.9	103.1	93.0
	Uttar Pradesh	52,82,000	62,88,413	52,43,913	19.9	119.1	93.4
	West Bengal	15,08,000	13,08,935	15,39,610	-15.0	86.8	96.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	26,000	17,851	11,734	52.1	68.7	94.8
	Delhi	3,01,000	1,16,922	2,25,722	-48.2	38.8	100.0
	Goa	24,000	22,423	23,355	-4.0	93.4	100.0
	Himachal Pradesh	1,10,000	1,22,201	1,25,056	-2.3	111.1	100.0
	Jammu & Kashmir	2,05,000	2,15,770	2,71,137	-20.4	105.3	86.4
	Manipur	34,000	36,990	25,509	45.0	108.8	100.0
	Meghalaya	59,000	45,182	50,988	-11.4	76.6	86.9
	Mizoram	17,000	10,775	17,970	-40.0	63.4	53.0
	Nagaland	37,000	12,133	24,154	-49.8	32.8	86.4
	Sikkim	10,000	9,799	10,917	-10.2	98.0	91.7
	Tripura	58,000	50,977	51,292	-0.6	87.9	100.0
	Uttarakhand	1,86,000	1,71,828	2,01,758	-14.8	92.4	100.0
III. UNION TERRITORIES	A & N Islands	7,000	3,688	5,557	-33.6	52.7	14.6
	Chandigarh	19,000	14,199	16,859	-15.8	74.7	91.7
	Dadra & Nagar Haveli	8,000	7,543	7,155	5.4	94.3	100.0
	Daman & Diu	4,000	1,534	2,955	-48.1	38.4	25.0
	Lakshadweep	1,000	129	1,092	-88.2	12.9	25.0
	Puducherry	18,000	14,149	16,858	-16.1	78.6	47.9
IV. OTHER AGENCIES	M/O Defence	.	21,648	28,749	-24.7	.	75.0
	M/O Railways	.	11,228	17,798	-36.9	.	75.0
TOTAL	All India	2,50,89,000	2,43,32,326	2,41,55,953	0.7	97.0	90.7

Explanatory Note:

1. Data Source: MEASLES = Item Code (M 10.1.12) HMIS Formats

2. Need Assessed = Estimated number of children up to 1 year of age during current year {Formula=((Pop*CBR)/1000)*(1-IMR/1000);

Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007) ;IMR=Infant Mortality Rate (SRS-2007)}

3. Data Entered % = {Data entry done for the State ((No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }

4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table A.5: Polio

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,66,000	15,18,572	15,67,771	-3.1	103.6	100.0
	Assam	6,73,000	6,18,530	6,22,463	-0.6	91.9	100.0
	Bihar	26,16,000	18,95,519	11,44,965	65.6	72.5	95.8
	Chhattisgarh	5,85,000	5,71,622	5,87,165	-2.6	97.7	88.9
	Gujarat	12,45,000	10,51,716	11,62,414	-9.5	84.5	100.0
	Haryana	5,40,000	5,06,630	5,58,569	-9.3	93.8	93.3
	Jharkhand	7,56,000	5,82,124	6,53,559	-10.9	77.0	88.9
	Karnataka	10,99,000	10,43,284	10,83,219	-3.7	94.9	99.1
	Kerala	4,93,000	4,98,149	5,10,398	-2.4	101.0	100.0
	Madhya Pradesh	18,36,000	15,30,754	18,52,682	-17.4	83.4	91.8
	Maharashtra	19,04,000	18,90,234	19,71,814	-4.1	99.3	97.1
	Orissa	7,96,000	5,96,980	7,99,322	-25.3	75.0	94.4
	Punjab	4,53,000	4,20,544	4,98,503	-15.6	92.8	99.6
	Rajasthan	17,01,000	17,05,050	17,11,951	-0.4	100.2	100.0
	Tamil Nadu	10,12,000	10,91,244	11,39,616	-4.2	107.8	93.0
	Uttar Pradesh	52,82,000	65,67,475	52,38,429	25.4	124.3	94.7
	West Bengal	15,08,000	13,06,733	15,24,566	-14.3	86.7	96.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	26,000	16,649	13,391	24.3	64.0	96.4
	Delhi	3,01,000	1,30,238	2,41,809	-46.1	43.3	99.1
	Goa	24,000	24,599	23,799	3.4	102.5	100.0
	Himachal Pradesh	1,10,000	1,30,840	1,27,475	2.6	118.9	100.0
	Jammu & Kashmir	2,05,000	2,12,959	2,93,504	-27.4	103.9	86.4
	Manipur	34,000	42,697	21,709	96.7	125.6	100.0
	Meghalaya	59,000	52,155	55,567	-6.1	88.4	90.5
	Mizoram	17,000	10,501	18,612	-43.6	61.8	52.3
	Nagaland	37,000	15,439	28,235	-45.3	41.7	82.6
	Sikkim	10,000	10,836	10,734	1.0	108.4	91.7
	Tripura	58,000	52,081	50,308	3.5	89.8	100.0
	Uttarakhand	1,86,000	1,92,661	2,16,560	-11.0	103.6	100.0
III. UNION TERRITORIES	A & N Islands	7,000	4,254	6,117	-30.5	60.8	14.6
	Chandigarh	19,000	14,186	16,383	-13.4	74.7	91.7
	Dadra & Nagar Haveli	8,000	7,430	7,278	2.1	92.9	100.0
	Daman & Diu	4,000	1,293	3,356	-61.5	32.3	25.0
	Lakshadweep	1,000	136	946	-85.6	13.6	25.0
	Puducherry	18,000	15,204	16,969	-10.4	84.5	47.9
IV. OTHER AGENCIES	M/O Defence	.	38,316	50,712	-24.4	.	75.0
	M/O Railways	.	15,839	35,702	-55.6	.	75.0
TOTAL	All India	2,50,89,000	2,43,83,473	2,38,66,572	2.2	97.2	93.6

Explanatory Note:

1. Data Source: POLIO = Item Code (M 10.1.08) HMIS Formats

2. Need Assessed = Estimated number of children up to 1 year of age during current year (Formula = $((\text{Pop} \times \text{CBR}) / 1000) \times (1 - \text{IMR} / 1000)$; Where Pop = Mid Year Projected Population (RGI); CBR = Crude Birth Rate (SRS-2007); IMR = Infant Mortality Rate (SRS-2007))

3. Data Entered % = $(\text{Data entry done for the State} / (\text{No of Districts reporting in each month} / \text{Total no of Districts} \times \text{No of Months})) \times 100$ during 2008-09 } 4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table A.6: Tetanus Toxoid - T.T. (10 years)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	16,47,000	12,67,717	13,30,375	-4.7	77.0	99.6
	Assam	6,93,000	2,65,435	3,37,235	-21.3	38.3	100.0
	Bihar	25,19,000	4,24,152	6,92,392	-38.7	16.8	93.2
	Chhattisgarh	5,37,000	4,92,215	5,59,780	-12.1	91.7	88.4
	Gujarat	11,49,000	7,11,200	9,22,199	-22.9	61.9	100.0
	Haryana	5,32,000	4,39,479	5,01,959	-12.4	82.6	93.7
	Jharkhand	7,60,000	2,51,822	2,65,737	-5.2	33.1	87.8
	Karnataka	11,30,000	6,70,097	1,08,002	520.4	59.3	96.3
	Kerala	5,49,000	3,91,912	3,24,268	20.9	71.4	100.0
	Madhya Pradesh	16,42,000	10,00,625	15,52,428	-35.5	60.9	58.2
	Maharashtra	21,43,000	17,87,733	18,83,624	-5.1	83.4	97.1
	Orissa	8,30,000	6,73,987	8,73,906	-22.9	81.2	95.8
	Punjab	5,11,000	4,39,253	5,14,985	-14.7	86.0	99.6
	Rajasthan	16,25,000	6,91,697	6,80,122	1.7	42.6	100.0
	Tamil Nadu	10,99,000	6,24,654	16,64,671	-62.5	56.8	92.7
	Uttar Pradesh	48,25,000	14,84,057	5,21,151	184.8	30.8	59.3
	West Bengal	18,21,000	7,04,951	8,86,833	-20.5	38.7	96.5
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	27,000	9,143	6,226	46.9	33.9	93.2
	Delhi	3,39,000	26,899	43,390	-38.0	7.9	99.1
	Goa	37,000	23,918	25,165	-5.0	64.6	100.0
	Himachal Pradesh	1,25,000	1,17,555	1,21,865	-3.5	94.0	100.0
	Jammu & Kashmir	2,42,000	1,60,648	2,06,194	-22.1	66.4	86.0
	Manipur	54,000	19,908	10,490	89.8	36.9	99.1
	Meghalaya	57,000	90,904	87,765	3.6	159.5	90.5
	Mizoram	22,000	8,327	19,769	-57.9	37.9	47.0
	Nagaland	49,000	14,903	25,123	-40.7	30.4	84.8
	Sikkim	13,000	12,950	16,386	-21.0	99.6	89.6
	Tripura	79,000	37,363	40,787	-8.4	47.3	100.0
	Uttarakhand	2,10,000	1,45,296	1,44,002	0.9	69.2	100.0
III. UNION TERRITORIES	A & N Islands	10,000	3,962	3,905	1.5	39.6	14.6
	Chandigarh	29,000	6,649	9,536	-30.3	22.9	91.7
	Dadra & Nagar Haveli	7,000	6,079	5,922	2.7	86.8	83.3
	Daman & Diu	6,000	1,155	3,106	-62.8	19.3	20.8
	Lakshadweep	2,000	80	1,620	-95.1	4.0	16.7
	Puducherry	28,000	17,229	20,076	-14.2	61.5	35.4
IV. OTHER AGENCIES	M/O Defence	.	8,371	9,948	-15.9	.	75.0
	M/O Railways	.	14,404	22,112	-34.9	.	75.0
TOTAL	All India	2,53,48,000	1,30,46,729	1,44,43,054	-9.7	51.5	86.5

Explanatory Note:

1. Data Source: Children more than 10 years given TT10 = Item Code (M 10.3.3) HMIS Formats

2. NeedAssessed=Estimated No of children aged less than 10 years of age during current year{Formula=Pop*Proportion of 10 years of Children Where Pop=Mid Year Projected Population (RGI); Proportion of 10 years of Children=Proportion of 10 years of Children in Census 2001}3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during2008-09 }4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table A.7: Tetanus Toxoid - T.T. (16 years)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,60,000	10,95,325	11,41,348	-4.0	62.2	99.6
	Assam	6,77,000	1,92,077	2,43,169	-21.0	28.4	100.0
	Bihar	22,53,000	3,99,885	6,26,324	-36.2	17.7	93.0
	Chhattisgarh	5,16,000	4,48,226	4,96,816	-9.8	86.9	88.4
	Gujarat	11,70,000	6,25,585	6,96,809	-10.2	53.5	100.0
	Haryana	5,55,000	3,61,191	4,01,451	-10.0	65.1	93.3
	Jharkhand	7,19,000	2,40,075	2,38,936	0.5	33.4	87.8
	Karnataka	12,16,000	5,69,948	1,07,706	429.2	46.9	97.1
	Kerala	5,77,000	3,33,190	2,66,191	25.2	57.7	100.0
	Madhya Pradesh	15,70,000	9,35,201	13,79,526	-32.2	59.6	58.0
	Maharashtra	22,54,000	19,10,531	16,97,818	12.5	84.8	97.1
	Orissa	8,48,000	6,01,290	7,86,847	-23.6	70.9	95.8
	Punjab	5,68,000	3,37,194	4,34,248	-22.3	59.4	99.6
	Rajasthan	15,12,000	5,38,862	5,20,134	3.6	35.6	100.0
	Tamil Nadu	12,01,000	4,98,474	10,95,245	-54.5	41.5	92.7
	Uttar Pradesh	45,95,000	12,45,380	4,97,106	150.5	27.1	59.0
	West Bengal	18,82,000	5,57,881	6,81,559	-18.1	29.6	96.1
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	6,541	5,248	24.6	22.6	87.0
	Delhi	3,65,000	24,434	37,607	-35.0	6.7	97.2
	Goa	39,000	19,070	19,920	-4.3	48.9	100.0
	Himachal Pradesh	1,37,000	96,163	1,19,981	-19.9	70.2	100.0
	Jammu & Kashmir	2,71,000	1,17,579	1,43,835	-18.3	43.4	85.6
	Manipur	56,000	21,948	10,680	105.5	39.2	100.0
	Meghalaya	60,000	55,463	53,233	4.2	92.4	90.5
	Mizoram	23,000	6,716	19,719	-65.9	29.2	47.0
	Nagaland	52,000	14,706	22,869	-35.7	28.3	81.1
	Sikkim	14,000	9,488	8,868	7.0	67.8	87.5
	Tripura	83,000	32,534	34,291	-5.1	39.2	100.0
	Uttarakhand	2,20,000	1,13,150	1,06,496	6.2	51.4	100.0
III. UNION TERRITORIES	A & N Islands	11,000	2,888	2,451	17.8	26.3	14.6
	Chandigarh	30,000	2,683	3,888	-31.0	8.9	91.7
	Dadra & Nagar Haveli	7,000	5,912	4,763	24.1	84.5	91.7
	Daman & Diu	6,000	1,044	3,163	-67.0	17.4	20.8
	Lakshadweep	2,000	173	1,824	-90.5	8.7	25.0
	Puducherry	29,000	15,559	18,887	-17.6	53.7	39.6
IV. OTHER AGENCIES	M/O Defence	.	6,647	8,856	-24.9	.	75.0
	M/O Railways	.	19,030	26,068	-27.0	.	75.0
TOTAL	All India	2,53,07,000	1,14,62,043	1,19,63,880	-4.2	45.3	86.2

Explanatory Note:

1. Data Source: Children more than 16 years given TT16 = Item Code (M 10.3.4) HMIS Formats

2. NeedAssessed=Estimated No of children aged less than 16 years of age during current year{Formula=Pop*Proportion of 16 years of Children. Where Pop=Mid Year Projected Population (RGI); Proportion of 16 years of Children=Proportion of 16 years of Children in Census 2001}

3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 } 4 = Data not reported by States

Performance Statistics from HMIS Portal

Part B.

Maternal Health

Performance Statistics - April 2008 to March 2009

Table B.1: Maternal Health

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Achievement during April to March								
		Total ANC Registered		% change	Total Institutional Deliveries		% change	Total Domestic Deliveries		% change
		2008-09	2007-08		2008-09	2007-08		2008-09	2007-08	
		1	2	3	4	5	6	7	8	9
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,99,548	17,96,726	0.2	12,29,315	13,32,989	-7.8	1,40,881	1,80,589	-22.0
	Assam	7,35,358	5,94,941	23.6	3,32,264	2,76,321	20.2	1,45,322	1,36,758	6.3
	Bihar	11,69,688	14,24,898	-17.9	5,35,985	8,38,481	-36.1	2,30,174	4,11,441	-44.1
	Chhattisgarh	6,58,429	9,04,334	-27.2	1,18,423	2,03,964	-41.9	3,87,408	5,71,566	-32.2
	Gujarat	13,11,344			8,43,470	7,89,401	6.8	1,84,287		
	Haryana	5,90,096	6,763	8625.4	1,57,390	2,52,706	-37.7	1,94,418		
	Jharkhand	5,11,809	5,94,512	-13.9	79,292	1,12,138	-29.3	3,44,976	2,72,976	26.4
	Karnataka	11,48,075			7,20,477	6,35,000	13.5	2,47,242		
	Kerala	5,91,901	7,31,466	-19.1	1,81,558	6,20,812	-70.8	1,624	2,373	-31.6
	Madhya Pradesh	22,01,224	21,16,163	4.0	14,06,134	12,96,740	8.4	3,03,512	4,97,547	-39.0
	Maharashtra	21,85,856	22,26,174	-1.8	14,60,056	13,46,693	8.4	2,96,987	5,59,395	-46.9
	Orissa	7,31,052	9,42,430	-22.4	3,91,498	7,38,307	-47.0	1,68,042	2,83,154	-40.7
	Punjab	4,74,932	4,65,888	1.9	2,28,122	92,189	147.5	1,59,862	3,01,885	-47.0
	Rajasthan	20,10,638	18,26,068	10.1	11,36,597	8,72,161	30.3	3,65,781	4,46,938	-18.2
	Tamil Nadu	12,38,461	18,91,174	-34.5	11,02,110	16,65,311	-33.8	7,143	31,419	-77.3
	Uttar Pradesh	53,71,292	41,71,885	28.7	3,97,959	23,24,520	-82.9	14,68,304	11,34,235	29.5
	West Bengal	17,87,225	11,04,514	61.8	7,29,612	8,85,000	-17.6	5,73,921	3,76,939	52.3
II. SMALLER STATES/ U.T.s (Population < 20 million)	Arunachal Pradesh	21,569	12,002	79.7	9,736	8,452	15.2	823	243	238.7
	Delhi	4,25,798			69,029	1,48,000	-53.4	9,660		
	Goa	46,801	67,523	-30.7		22,411	-100.0	138	247	-44.1
	Himachal Pradesh	1,53,712	1,51,921	1.2	59,280	1,09,623	-45.9	52,154	55,881	-6.7
	Jammu & Kashmir	2,37,521	7,13,808	-66.7	96,671	2,24,342	-56.9	48,740	83,944	-41.9
	Manipur	1,00,525			17,325			7,451		
	Meghalaya	78,489	10,838	624.2	18,195	22,086	-17.6	32,607	1,754	1759.0
	Mizoram	24,827	64,041	-61.2	13,842	37,357	-62.9	4,374	14,053	-68.9
	Nagaland	21,721	53,805	-59.6	5,305	5,262	0.8	3,069	15,423	-80.1
	Sikkim	13,395	18,758	-28.6	2,430	9,934	-75.5	2,588	4,692	-44.8
	Tripura	62,204	74,624	-16.6	31,928	30,908	3.3	11,257		
	Uttarakhand	2,43,301	1,28,601	89.2	54,825	60,007	-8.6	76,964	40,161	91.6
III. UNION TERRITORIES	A & N Islands	7,199	17,313	-58.4	4,629	4,872	-5.0	297	789	-62.4
	Chandigarh	33,109	40,585	-18.4		25,282	-100.0	3,672	227	1517.6
	Dadra & Nagar Haveli	11,470	3,593	219.2	4,059	2,052	97.8	858	28	2964.3
	Daman & Diu	2,706	3,762	-28.1	1,297	2,443	-46.9		231	
	Lakshadweep	199			155	600	-74.2			
	Puducherry	56,203	69,398	-19.0	29,787	49,660	-40.0		38	-100.0
IV. OTHER AGENCIES	M/O Defence	82,645	1,60,843	-48.6	21,145	60,095	-64.8		36	
	M/O Railways	13,201	25,640	-48.5	7,906	15,540	-49.1			
TOTAL All India		2,61,53,523	2,24,14,991	16.7	1,14,97,806	1,51,21,659	-24.0	54,74,536	54,24,962	0.9

Explanatory Note:

1. Data Source: (MH ANCREGISTERED = Item Code (M 1.1.1.3) MH INSTITUTIONALDELIVERIES = Item Code (M 2.2.2.3) MH DOMESTICDELIVERIES = Item Code (M 2.1.1.a.2.1.1.b)) HMIS Formats

2. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table B.2: Maternal Health - Antenatal Care (ANC)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Achievement during April to March						
		Need Assessed 2008-09	Total ANC Registered		% change	% Achvt of need assessed	Proportion Of Women Received 3Checkups	Data Entered %
			2008-09	2007-08				
		1	2	3	4	5	6	7
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	17,99,548	17,96,726	0.2	105.6	0.9	100.0
	Assam	7,93,000	7,35,358	5,94,941	23.6	92.7	0.5	99.7
	Bihar	30,55,000	11,69,688	14,24,898	-17.9	38.3	0.5	81.8
	Chhattisgarh	6,84,000	6,58,429	9,04,334	-27.2	96.3	0.8	88.9
	Gujarat	14,45,000	13,11,344		.	90.8	0.7	100.0
	Haryana	6,29,000	5,90,096	6,763	8625.4	93.8	0.7	94.0
	Jharkhand	8,74,000	5,11,809	5,94,512	-13.9	58.6	0.7	80.2
	Karnataka	12,68,000	11,48,075		.	90.5	0.9	99.1
	Kerala	5,49,000	5,91,901	7,31,466	-19.1	107.8	0.8	100.0
	Madhya Pradesh	21,77,000	22,01,224	21,16,163	4.0	101.1	0.8	61.7
	Maharashtra	21,68,000	21,85,856	22,26,174	-1.8	100.8	0.7	97.1
	Orissa	9,43,000	7,31,052	9,42,430	-22.4	77.5	0.9	96.9
	Punjab	5,21,000	4,74,932	4,65,888	1.9	91.2	0.9	100.0
	Rajasthan	20,01,000	20,10,638	18,26,068	10.1	100.5	0.7	100.0
	Tamil Nadu	11,54,000	12,38,461	18,91,174	-34.5	107.3	0.8	94.0
	Uttar Pradesh	62,41,000	53,71,292	41,71,885	28.7	86.1	0.5	92.0
	West Bengal	17,23,000	17,87,225	11,04,514	61.8	103.7	0.6	98.2
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	21,569	12,002	79.7	74.4	0.3	97.4
	Delhi	3,43,000	4,25,798		.	124.1	0.4	100.0
	Goa	26,000	46,801	67,523	-30.7	180.0	0.9	100.0
	Himachal Pradesh	1,27,000	1,53,712	1,51,921	1.2	121.0	0.7	100.0
	Jammu & Kashmir	2,37,000	2,37,521	7,13,808	-66.7	100.2	0.5	84.5
	Manipur	38,000	1,00,525		.	264.5	0.3	100.0
	Meghalaya	68,000	78,489	10,838	624.2	115.4	0.4	97.6
	Mizoram	20,000	24,827	64,041	-61.2	124.1	0.7	72.7
	Nagaland	42,000	21,721	53,805	-59.6	51.7	0.2	85.6
	Sikkim	12,000	13,395	18,758	-28.6	111.6	0.7	95.8
	Tripura	66,000	62,204	74,624	-16.6	94.2	0.5	100.0
	Uttarakhand	2,15,000	2,43,301	1,28,601	89.2	113.2	0.7	100.0
III. UNION TERRITORIES	A & N Islands	8,000	7,199	17,313	-58.4	90.0	0.0	14.6
	Chandigarh	22,000	33,109	40,585	-18.4	150.5	0.8	100.0
	Dadra & Nagar Haveli	9,000	11,470	3,593	219.2	127.4	0.1	83.3
	Daman & Diu	5,000	2,706	3,762	-28.1	54.1	0.0	33.3
	Lakshadweep	2,000	199		.	10.0	0.0	16.7
	Puducherry	21,000	56,203	69,398	-19.0	267.6	0.2	43.8
IV. OTHER AGENCIES	M/O Defence	.	82,645	1,60,843	-48.6	.	0.0	75.0
	M/O Railways	.	13,201	25,640	-48.5	.	0.0	75.0
TOTAL	All India	2,92,19,000	2,61,53,523	2,24,14,991	16.7	89.5	0.7	90.5

Explanatory Note:

1. Data Source: MH ANCREGISTERED = Item Code (M 1.1,1.3) HMIS Formats

2. Need Assessed=Estimated No of pregnant women during current year {Formula=(Pop*CBR/1000)*1.1 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007)}

3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }

4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table B.3: Maternal Health - Domestic Deliveries
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Achievement during April to March					
		Need Assessed 2008-09	Total Domestic Deliveries		% change	% Achvt of need assessed	% Of Domestic Deliveries to Total Deliveries Reported (Instt.+Domestic)
			2008-09	2007-08			
		1	2	3	4	5	6
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	1,40,881	1,80,589	-22.0	8.3	10.3
	Assam	7,93,000	1,45,322	1,36,758	6.3	18.3	30.4
	Bihar	30,55,000	2,30,174	4,11,441	-44.1	7.5	30.0
	Chhattisgarh	6,84,000	3,87,408	5,71,566	-32.2	56.6	76.6
	Gujarat	14,45,000	1,84,287		.	12.8	17.9
	Haryana	6,29,000	1,94,418		.	30.9	55.3
	Jharkhand	8,74,000	3,44,976	2,72,976	26.4	39.5	81.3
	Karnataka	12,68,000	2,47,242		.	19.5	25.5
	Kerala	5,49,000	1,624	2,373	-31.6	0.3	0.9
	Madhya Pradesh	21,77,000	3,03,512	4,97,547	-39.0	13.9	17.8
	Maharashtra	21,68,000	2,96,987	5,59,395	-46.9	13.7	16.9
	Orissa	9,43,000	1,68,042	2,83,154	-40.7	17.8	30.0
	Punjab	5,21,000	1,59,862	3,01,885	-47.0	30.7	41.2
	Rajasthan	20,01,000	3,65,781	4,46,938	-18.2	18.3	24.3
	Tamil Nadu	11,54,000	7,143	31,419	-77.3	0.6	0.6
	Uttar Pradesh	62,41,000	14,68,304	11,34,235	29.5	23.5	78.7
	West Bengal	17,23,000	5,73,921	3,76,939	52.3	33.3	44.0
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	823	243	238.7	2.8	7.8
	Delhi	3,43,000	9,660		.	2.8	12.3
	Goa	26,000	138	247	-44.1	0.5	100.0
	Himachal Pradesh	1,27,000	52,154	55,881	-6.7	41.1	46.8
	Jammu & Kashmir	2,37,000	48,740	83,944	-41.9	20.6	33.5
	Manipur	38,000	7,451		.	19.6	30.1
	Meghalaya	68,000	32,607	1,754	1759.0	48.0	64.2
	Mizoram	20,000	4,374	14,053	-68.9	21.9	24.0
	Nagaland	42,000	3,069	15,423	-80.1	7.3	36.6
	Sikkim	12,000	2,588	4,692	-44.8	21.6	51.6
	Tripura	66,000	11,257		.	17.1	26.1
	Uttarakhand	2,15,000	76,964	40,161	91.6	35.8	58.4
III. UNION TERRITORIES	A & N Islands	8,000	297	789	-62.4	3.7	6.0
	Chandigarh	22,000	3,672	227	1517.6	16.7	100.0
	Dadra & Nagar Haveli	9,000	858	28	2964.3	9.5	17.4
	Daman & Diu	5,000		231	.	.	.
	Lakshadweep	2,000			.	.	.
	Puducherry	21,000		38	-100.0	0.0	0.0
IV. OTHER AGENCIES	M/O Defence			36	.	.	.
	M/O Railways				.	.	.
TOTAL	All India	2,92,19,000	54,74,536	54,24,962	0.9	18.7	32.3

Explanatory Note:

1. Data Source: MH DOMESTIC DELIVERIES = Item Code (M 2.1.1.a, 2.1.1.b) HMIS Formats
2. Need Assessed= Estimated No of pregnant women during current year {Formula=(Pop*CBR/1000)*1.1 Where Pop=Mid Year Projected Population (RG1). CBR=Crude Birth Rate (SRS-2007)}
3. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table B.4: Maternal Health - Institutional Deliveries
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Achievement during April to March				
		Need Assessed 2008-09	Total Institutional Deliveries		% change	% Achvt of need assessed
			2008-09	2007-08		
		1	2	3	4	5
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	12,29,315	13,32,989	-7.8	72.1
	Assam	7,93,000	3,32,264	2,76,321	20.2	41.9
	Bihar	30,55,000	5,35,985	8,38,481	-36.1	17.5
	Chhattisgarh	6,84,000	1,18,423	2,03,964	-41.9	17.3
	Gujarat	14,45,000	8,43,470	7,89,401	6.8	58.4
	Haryana	6,29,000	1,57,390	2,52,706	-37.7	25.0
	Jharkhand	8,74,000	79,292	1,12,138	-29.3	9.1
	Karnataka	12,68,000	7,20,477	6,35,000	13.5	56.8
	Kerala	5,49,000	1,81,558	6,20,812	-70.8	33.1
	Madhya Pradesh	21,77,000	14,06,134	12,96,740	8.4	64.6
	Maharashtra	21,68,000	14,60,056	13,46,693	8.4	67.3
	Orissa	9,43,000	3,91,498	7,38,307	-47.0	41.5
	Punjab	5,21,000	2,28,122	92,189	147.5	43.8
	Rajasthan	20,01,000	11,36,597	8,72,161	30.3	56.8
	Tamil Nadu	11,54,000	11,02,110	16,65,311	-33.8	95.5
	Uttar Pradesh	62,41,000	3,97,959	23,24,520	-82.9	6.4
	West Bengal	17,23,000	7,29,612	8,85,000	-17.6	42.3
	II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	9,736	8,452	15.2
Delhi		3,43,000	69,029	1,48,000	-53.4	20.1
Goa		26,000		22,411	-100.0	0.0
Himachal Pradesh		1,27,000	59,280	1,09,623	-45.9	46.7
Jammu & Kashmir		2,37,000	96,671	2,24,342	-56.9	40.8
Manipur		38,000	17,325		.	45.6
Meghalaya		68,000	18,195	22,086	-17.6	26.8
Mizoram		20,000	13,842	37,357	-62.9	69.2
Nagaland		42,000	5,305	5,262	0.8	12.6
Sikkim		12,000	2,430	9,934	-75.5	20.3
Tripura		66,000	31,928	30,908	3.3	48.4
Uttarakhand		2,15,000	54,825	60,007	-8.6	25.5
III. UNION TERRITORIES		A &N Islands	8,000	4,629	4,872	-5.0
	Chandigarh	22,000		25,282	-100.0	0.0
	Dadra & Nagar Haveli	9,000	4,059	2,052	97.8	45.1
	Daman & Diu	5,000	1,297	2,443	-46.9	25.9
	Lakshadweep	2,000	155	600	-74.2	7.8
	Puducherry	21,000	29,787	49,660	-40.0	141.8
IV. OTHER AGENCIES	M/O Defence		21,145	60,095	-64.8	.
	M/O Railways		7,906	15,540	-49.1	.
TOTAL	All India	2,92,19,000	1,14,97,806	1,51,21,659	-24.0	39.4

Explanatory Note:

1. Data Source: MH INSTITUTIONAL DELIVERIES = Item Code (M 2.2.2.3) HMIS Formats
2. Need Assessed=Estimated No of pregnant women during current year; {Formula=(Pop*CBR/1000)*1.1 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007)}
3. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table B.5: Tetanus Immunisation (Expectant Mothers)
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	17,03,550	17,36,326	-1.9	100.0	100.0
	Assam	7,93,000	6,00,122	6,29,651	-4.7	75.7	99.7
	Bihar	30,55,000	11,37,521	8,65,093	31.5	37.2	97.4
	Chhattisgarh	6,84,000	6,34,757	6,19,800	2.4	92.8	88.9
	Gujarat	14,45,000	11,99,510	11,81,469	1.5	83.0	100.0
	Haryana	6,29,000	5,11,565	5,87,031	-12.9	81.3	94.0
	Jharkhand	8,74,000	4,92,178	4,80,468	2.4	56.3	93.1
	Karnataka	12,68,000	11,11,544	11,42,418	-2.7	87.7	99.4
	Kerala	5,49,000	4,72,296	5,27,950	-10.5	86.0	89.3
	Madhya Pradesh	21,77,000	12,75,804	19,38,376	-34.2	58.6	92.5
	Maharashtra	21,68,000	20,31,853	19,52,056	4.1	93.7	97.1
	Orissa	9,43,000	6,53,392	8,19,920	-20.3	69.3	97.2
	Punjab	5,21,000	4,28,486	4,71,736	-9.2	82.2	100.0
	Rajasthan	20,01,000	19,10,849	19,17,816	-0.4	95.5	100.0
	Tamil Nadu	11,54,000	12,14,531	12,39,268	-2.0	105.2	94.0
	Uttar Pradesh	62,41,000	65,00,567	45,25,532	43.6	104.2	95.2
	West Bengal	17,23,000	15,45,057	15,60,803	-1.0	89.7	97.8
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	10,402	8,827	17.8	35.9	97.4
	Delhi	3,43,000	1,15,263	2,31,867	-50.3	33.6	100.0
	Goa	26,000	22,679	24,323	-6.8	87.2	100.0
	Himachal Pradesh	1,27,000	1,25,667	1,32,223	-5.0	99.0	100.0
	Jammu & Kashmir	2,37,000	1,70,856	2,49,975	-31.7	72.1	85.6
	Manipur	38,000	35,764	18,551	92.8	94.1	100.0
	Meghalaya	68,000	44,337	54,034	-17.9	65.2	94.0
	Mizoram	20,000	18,372	19,207	-4.3	91.9	72.0
	Nagaland	42,000	8,655	23,430	-63.1	20.6	84.1
	Sikkim	12,000	11,593	8,952	29.5	96.6	91.7
	Tripura	66,000	45,999	42,412	8.5	69.7	100.0
	Uttarakhand	2,15,000	2,09,578	2,01,610	4.0	97.5	100.0
III. UNION TERRITORIES	A & N Islands	8,000	3,645	6,014	-39.4	45.6	14.6
	Chandigarh	22,000	17,170	18,506	-7.2	78.0	100.0
	Dadra & Nagar Haveli	9,000	9,374	6,789	38.1	104.2	100.0
	Daman & Diu	5,000	1,428	2,590	-44.9	28.6	25.0
	Lakshadweep	2,000	119	858	-86.1	6.0	25.0
	Puducherry	21,000	19,649	20,274	-3.1	93.6	50.0
IV. OTHER AGENCIES	M/O Defence	.	27,063	43,553	-37.9	.	66.7
	M/O Railways	.	11,269	15,566	-27.6	.	75.0
TOTAL	All India	2,92,19,000	2,43,32,464	2,33,25,274	4.3	83.3	94.4

Explanatory Note:

1. Data Source: TEATANUS IMMUNISATION = Item Code (M 1.4.2) HMIS Formats
2. NeedAssessed=Estimated No of pregnant women during current year {Formula=((Pop*CBR)/1000)*1.1 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007)}
3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table B.6: Prophylaxis Against Nutritional Anaemia Among Women

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	17,04,000	16,20,342	14,39,431	12.6	95.1	100.0
	Assam	7,93,000	7,73,385	5,38,329	43.7	97.5	98.5
	Bihar	30,55,000	5,49,791	9,13,929	-39.8	18.0	78.5
	Chhattisgarh	6,84,000	5,48,379	5,24,047	4.6	80.2	88.0
	Gujarat	14,45,000	3,42,504	8,24,101	-58.4	23.7	100.0
	Haryana	6,29,000	3,87,499	6,69,365	-42.1	61.6	93.3
	Jharkhand	8,74,000	6,23,152	7,13,206	-12.6	71.3	87.5
	Karnataka	12,68,000	8,93,747	4,54,656	96.6	70.5	98.9
	Kerala	5,49,000	3,27,296	4,76,047	-31.2	59.6	98.8
	Madhya Pradesh	21,77,000	19,74,608	19,77,704	-0.2	90.7	60.5
	Maharashtra	21,68,000	12,06,280	11,10,711	8.6	55.6	97.1
	Orissa	9,43,000	16,30,357	8,62,372	89.1	172.9	96.1
	Punjab	5,21,000	3,65,951	24,994	1364.2	70.2	99.2
	Rajasthan	20,01,000	15,00,410	5,25,552	185.5	75.0	100.0
	Tamil Nadu	11,54,000	6,40,436	4,53,089	41.3	55.5	93.5
	Uttar Pradesh	62,41,000	38,04,421	7,21,569	427.2	61.0	59.4
	West Bengal	17,23,000	10,65,594	13,84,850	-23.1	61.8	93.4
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	29,000	13,747	23,452	-41.4	47.4	91.1
	Delhi	3,43,000	2,39,062	4,01,955	-40.5	69.7	99.1
	Goa	26,000	15,438	26,230	-41.1	59.4	100.0
	Himachal Pradesh	1,27,000	1,17,541	1,12,619	4.4	92.6	100.0
	Jammu & Kashmir	2,37,000	14,32,827	1,90,872	650.7	604.6	84.8
	Manipur	38,000	11,427	16,260	-29.7	30.1	79.6
	Meghalaya	68,000	46,640	16,715	179.0	68.6	92.9
	Mizoram	20,000	17,912	7,263	146.6	89.6	71.2
	Nagaland	42,000	2,506	30,060	-91.7	6.0	70.5
	Sikkim	12,000	4,500	3,591	25.3	37.5	85.4
	Tripura	66,000	86,252	41,934	105.7	130.7	100.0
	Uttarakhand	2,15,000	69,158	58,528	18.2	32.2	100.0
III. UNION TERRITORIES	A & N Islands	8,000	3,663	5,630	-34.9	45.8	14.6
	Chandigarh	22,000	8,055	18,201	-55.7	36.6	100.0
	Dadra & Nagar Haveli	9,000	7,398	1,889	291.6	82.2	100.0
	Daman & Diu	5,000			.	0.0	25.0
	Lakshadweep	2,000		968	-100.0	0.0	25.0
	Puducherry	21,000	27,092	19,499	38.9	129.0	50.0
IV. OTHER AGENCIES	M/O Defence	.	12,066	12,718	-5.1	.	75.0
	M/O Railways	.	1,35,190	1,21,285	11.5	.	75.0
TOTAL	All India	2,92,19,000	2,05,04,626	1,47,23,621	39.3	70.2	85.7

Explanatory Note:

1. Data Source: WOMEN IFA TABLETS = Item Code (M 1.5) HMIS Formats

2. Need Assessed=Estimated No of pregnant women during current year(Formula=((Pop*CBR)/1000)*1.1 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007))

3. Data Entered % = {Data entry done for the State (No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }

4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table B.7: No. of Cases Treated for Blindness (Vitamin A – 1st Dose)
 Provisional Figures (Status as on: 4 August, 2009)

Provisional Figures (Status as on: 4 August, 2009)								
State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %	
			2008-09	2007-08	% Change			
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,66,000	13,40,363	13,32,408	0.6	91.4	97.8	
	Assam	6,73,000	5,45,449	3,75,313	45.3	81.0	98.8	
	Bihar	26,16,000	13,64,541	9,68,880	40.8	52.2	87.9	
	Chhattisgarh	5,85,000	5,92,840	8,63,803	-31.4	101.3	88.9	
	Gujarat	12,45,000	9,98,585	9,74,123	2.5	80.2	100.0	
	Haryana	5,40,000	2,46,644	4,83,153	-49.0	45.7	92.9	
	Jharkhand	7,56,000	5,89,046	5,76,471	2.2	77.9	88.9	
	Karnataka	10,99,000	9,67,333	5,08,092	90.4	88.0	96.3	
	Kerala	4,93,000	2,43,683	2,85,115	-14.5	49.4	99.4	
	Madhya Pradesh	18,36,000	18,09,973	20,31,034	-10.9	98.6	59.3	
	Maharashtra	19,04,000	17,30,642	18,05,625	-4.2	90.9	97.1	
	Orissa	7,96,000	5,29,251	7,87,916	-32.8	66.5	95.3	
	Punjab	4,53,000	2,45,792	5,498	4370.6	54.3	99.2	
	Rajasthan	17,01,000	15,41,016	13,61,392	13.2	90.6	100.0	
	Tamil Nadu	10,12,000	36,611	37,37,973	-99.0	3.6	7.3	
	Uttar Pradesh	52,82,000	33,67,593	46,79,349	-28.0	63.8	59.0	
	West Bengal	15,08,000	13,38,413	15,14,578	-11.6	88.8	96.5	
	II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	26,000	17,025	5,861	190.5	65.5	95.3
		Delhi	3,01,000	1,14,389	99,869	14.5	38.0	99.1
Goa		24,000	22,439	22,506	-0.3	93.5	100.0	
Himachal Pradesh		1,10,000	1,20,312	1,08,549	10.8	109.4	100.0	
Jammu & Kashmir		2,05,000	91,212	1,31,270	-30.5	44.5	81.4	
Manipur		34,000	23	12,288	-99.8	0.1	24.1	
Meghalaya		59,000	48,226	20,711	132.9	81.7	90.5	
Mizoram		17,000	4,036	10,641	-62.1	23.7	30.3	
Nagaland		37,000	9,987	7,416	34.7	27.0	83.3	
Sikkim		10,000	9,429	7,065	33.5	94.3	89.6	
Tripura		58,000	53,701	60,664	-11.5	92.6	100.0	
Uttarakhand		1,86,000	16,264	49,774	-67.3	8.7	100.0	
III. UNION TERRITORIES		A & N Islands	7,000	3,690	5,557	-33.6	52.7	14.6
	Chandigarh	19,000	10,232	15,227	-32.8	53.9	100.0	
	Dadra & Nagar Haveli	8,000	6,036	4,820	25.2	75.5	100.0	
	Daman & Diu	4,000	1,656		.	41.4	25.0	
	Lakshadweep	1,000		540	-100.0	0.0	25.0	
	Puducherry	18,000	13,678	16,042	-14.7	76.0	45.8	
IV. OTHER AGENCIES	M/O Defence	.	12,186	22,069	-44.8	.	75.0	
	M/O Railways	.	11,362	17,196	-33.9	.	75.0	
TOTAL	All India	2,50,89,000	1,80,53,658	2,29,08,788	-21.2	72.0	80.5	

Explanatory Note:

1. Data Source: Vitamin A Dose-1 = Item Code (M 11.1.1) HMIS Formats
2. Need Assessed=Estimated number of children upto 1 year of age during current year
 {Formula=((Pop*CBR)/1000)*(1-IMR/1000)}
 Where Pop=Mid Year Projected Population (RGI); CBR=Crude Birth Rate (SRS-2007) ;
 IMR=Infant Mortality Rate (SRS-2007)}
3. Data Entered % = {Data entry done for the State
 (No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table B.8: No. of Cases Treated for Blindness (Vitamin A – 5th Dose)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,36,000	8,72,370	29,65,189	-70.6	60.8	94.9
	Assam	6,39,000	1,26,240	5,12,395	-75.4	19.8	98.1
	Bihar	23,78,000	7,24,403	10,52,599	-31.2	30.5	77.0
	Chhattisgarh	5,35,000	5,46,865	43,18,299	-87.3	102.2	88.0
	Gujarat	11,12,000		24,24,576	-100.0	0.0	100.0
	Haryana	5,01,000	1,34,999	4,08,904	-67.0	26.9	91.3
	Jharkhand	6,94,000	10,45,223	15,63,707	-33.2	150.6	78.1
	Karnataka	10,35,000	11,77,263	2,83,200	315.7	113.7	64.9
	Kerala	5,42,000	1,75,612	6,46,842	-72.9	32.4	99.4
	Madhya Pradesh	16,66,000	9,91,486	41,34,637	-76.0	59.5	86.7
	Maharashtra	20,58,000	12,50,444	49,95,999	-75.0	60.8	97.1
	Orissa	7,46,000	2,22,231	14,42,220	-84.6	29.8	68.9
	Punjab	4,64,000	78,129	13,251	489.6	16.8	96.7
	Rajasthan	15,65,000	4,83,447	21,70,727	-77.7	30.9	100.0
	Tamil Nadu	10,41,000		36,27,925			0.0
	Uttar Pradesh	48,47,000	22,79,282	65,52,273	-65.2	47.0	58.2
	West Bengal	15,74,000	8,53,607	45,38,751	-81.2	54.2	95.2
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	22,000	5,950	7,785	-23.6	27.0	69.8
	Delhi	3,01,000	64,363	39,040	64.9	21.4	92.6
	Goa	30,000	11,763	63,100	-81.4	39.2	100.0
	Himachal Pradesh	1,16,000	71,837	2,89,505	-75.2	61.9	43.8
	Jammu & Kashmir	2,23,000	48,095	2,07,320	-76.8	21.6	78.8
	Manipur	44,000	18	19,548	-99.9	0.0	23.1
	Meghalaya	47,000	7,396	17,775	-58.4	15.7	90.5
	Mizoram	18,000	1,961	13,601	-85.6	10.9	31.1
	Nagaland	40,000	3,048	5,754	-47.0	7.6	64.4
	Sikkim	11,000	9,717	14,662	-33.7	88.3	89.6
	Tripura	65,000	28,332	55,106	-48.6	43.6	85.4
	Uttarakhand	2,06,000	5,188	89,452	-94.2	2.5	100.0
III. UNION TERRITORIES	A & N Islands	8,000	23,888	28,952	-17.5	298.6	14.6
	Chandigarh	23,000	4,782	32,125	-85.1	20.8	100.0
	Dadra & Nagar Haveli	6,000	6,649	3,779	75.9	110.8	100.0
	Daman & Diu	4,000	5,283			132.1	25.0
	Lakshadweep	1,000		2,064	-100.0	0.0	25.0
	Puducherry	23,000	62,260	12,000	418.8	270.7	45.8
IV. OTHER AGENCIES	M/O Defence		16,978	67,803	-75.0		75.0
	M/O Railways		18,210	41,620	-56.2		75.0
TOTAL	All India	2,40,21,000	1,13,57,319	4,26,62,485	-73.4	47.3	75.9

Explanatory Note:

1. Data Source: Vitamin A Dose-5 = Item Code (M 11.1.2) HMIS Formats
2. NeedAssessed=Estimated No of Children of 3 years of age during current year
{Formula=Pop*Proportion of 3 years of Children
Where Pop=Mid Year Projected Population (RGI);
Proportion of 3 years of Children=Proportion of 3 years of Children in Census 2001}
3. Data Entered % = {Data entry done for the State
(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table B.9: No. of Cases Treated for Blindness (Vitamin A – 9th Dose)
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Need Assessed 2008-09	Achievement during April to March			% Achvt of need assessed	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	14,71,000	3,82,052		.	26.0	69.6
	Assam	6,60,000	591		.	0.1	1.9
	Bihar	24,82,000	2,82,022		.	11.4	46.3
	Chhattisgarh	5,38,000	2,24,778		.	41.8	57.4
	Gujarat	11,18,000			.	0.0	100.0
	Haryana	5,08,000	39,378		.	7.8	70.2
	Jharkhand	7,29,000	2,97,164		.	40.8	53.1
	Karnataka	10,61,000	8,89,626		.	83.8	32.8
	Kerala	5,50,000	23,342		.	4.2	99.4
	Madhya Pradesh	16,50,000	50,596		.	3.1	16.7
	Maharashtra	20,97,000	9,80,325		.	46.7	97.1
	Orissa	7,71,000	1,65,850		.	21.5	65.6
	Punjab	4,66,000	8,779		.	1.9	84.6
	Rajasthan	16,03,000	12,195		.	0.8	100.0
	Tamil Nadu	10,33,000	50,45,912		.	488.5	81.0
	Uttar Pradesh	47,50,000	6,62,572		.	13.9	51.6
	West Bengal	16,70,000	68,567		.	4.1	57.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	25,000	577		.	2.3	29.2
	Delhi	3,22,000	20,821		.	6.5	53.7
	Goa	33,000	18,636		.	56.5	100.0
	Himachal Pradesh	1,19,000	3,709		.	3.1	38.9
	Jammu & Kashmir	2,18,000	6,881		.	3.2	53.8
	Manipur	49,000	4		.	0.0	22.2
	Meghalaya	52,000	169		.	0.3	28.6
	Mizoram	20,000	198		.	1.0	19.7
	Nagaland	45,000	66		.	0.1	27.3
	Sikkim	12,000	57		.	0.5	52.1
	Tripura	72,000	7,370		.	10.2	50.0
	Uttarakhand	2,02,000	1,606		.	0.8	100.0
III. UNION TERRITORIES	A & N Islands	9,000			.	0.0	12.5
	Chandigarh	26,000			.	0.0	50.0
	Dadra & Nagar Haveli	6,000	61		.	1.0	100.0
	Daman & Diu	5,000			.	0.0	25.0
	Lakshadweep	2,000			.	0.0	25.0
	Puducherry	25,000	7,043		.	28.2	41.7
IV. OTHER AGENCIES	M/O Defence				.		75.0
	M/O Railways				.		75.0
TOTAL	All India	2,43,99,000	92,00,947		.	37.7	56.9

Explanatory Note:

1. Data Source: Vitamin A Dose-9 = Item Code (M 11.1.3) HMIS Formats
2. Need Assessed=Estimated No of Children of 5 years of age during current year
 {Formula=Pop*Proportion of 5 years of Children
 Where Pop=Mid Year Projected Population (RGI);
 Proportion of 5 years of Children=Proportion of 5 years of Children in Census 2001}
3. Data Entered % = {Data entry done for the State
 (No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics from HMIS Portal

Part C. Family Planning

Performance Statistics - April 2008 to March 2009

Table C.1: Condom-User

Provisional Figures (Status as on: 4 August, 2009)

Provisional Figures (Status as on: 4 August, 2009)							
State/UT/Agency		Estimated No. of Unsterilised Eligible Couples during 2008-09	Achievement during April to March			Condom Users per 10,000 unsterilised couples 2008-09	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	52,14,000	9,13,274	9,06,521	0.7	1,751	99.1
	Assam	38,36,000	27,727	20,193	37.3	72	98.1
	Bihar	1,24,99,000	2,30,232	50,241	358.2	184	81.1
	Chhattisgarh	22,21,000	1,66,393	1,04,351	59.5	749	85.1
	Gujarat	55,50,000	11,99,066	12,27,874	-2.3	2,160	100.0
	Haryana	24,78,000	3,50,740	4,07,546	-13.9	1,415	93.1
	Jharkhand	40,59,000	1,43,601	1,61,294	-11.0	353	78.8
	Karnataka	40,77,000	2,76,727	2,99,866	-7.7	678	97.4
	Kerala	27,33,000	98,297	1,32,632	-25.9	359	99.4
	Madhya Pradesh	66,10,000	93,611	16,69,275	-94.4	141	56.3
	Maharashtra	86,14,000	4,28,981	4,59,010	-6.5	498	96.7
	Orissa	43,10,000	2,33,181	3,28,091	-28.9	541	95.8
	Punjab	28,74,000	4,04,115	4,44,293	-9.0	1,406	99.6
	Rajasthan	74,17,000	14,58,243	12,31,219	18.4	1,966	100.0
	Tamil Nadu	50,63,000	1,68,281	1,58,759	6.0	332	93.2
	Uttar Pradesh	2,61,81,000	8,90,201	16,88,367	-47.3	340	77.8
	West Bengal	97,47,000	7,01,178	7,53,479	-6.9	719	96.5
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	1,42,000	405	668	-39.3	28	81.3
	Delhi	21,93,000	69,890	1,72,823	-59.6	318	99.1
	Goa	1,70,000	1,138	10,950	-89.6	66	75.0
	Himachal Pradesh	4,86,000	99,870	92,860	7.5	2,054	100.0
	Jammu & Kashmir	12,35,000	16,858	44,593	-62.2	136	83.3
	Manipur	2,83,000	2,596	1,688	53.7	91	97.2
	Meghalaya	3,25,000	2,685	2,038	31.7	82	90.5
	Mizoram	72,000	2,566	3,293	-22.1	356	72.7
	Nagaland	2,27,000	169	347	-51.4	7	72.0
	Sikkim	62,000	2,776	1,821	52.4	447	89.6
	Tripura	4,43,000	6,522	9,819	-33.6	147	100.0
	Uttarakhand	10,47,000	96,180	1,35,365	-28.9	918	100.0
III. UNION TERRITORIES	A & N Islands	41,000	1,624	2,436	-33.3	396	14.6
	Chandigarh	1,69,000	11,218	11,848	-5.3	663	91.7
	Dadra & Nagar Haveli	39,000	6,019	7,439	-19.1	1,543	100.0
	Daman & Diu	21,000	1,142	2,197	-48.0	544	25.0
	Lakshadweep	11,000	119	704	-83.0	108	25.0
	Puducherry	1,02,000	12,552	159	7784.8	1,230	47.9
IV. OTHER AGENCIES	M/O Defence	.	24,180	33,744	-28.3	.	75.0
	M/O Railways	.	22,530	31,867	-29.3	.	75.0
Total Free Distn.(All India)		12,05,51,000	12,05,51,000	81,64,907	1,06,09,692	-23.0	67.0
Social marketing Distn.		.	.	.	67,77,638	.	.
Total Free Distn.(All India) + Social marketing Distn.		12,05,51,000	12,05,51,000	81,64,907	1,73,87,330	-53.0	.

Explanatory Note:

1. Data Source: Condom-User = Item Code (M 9.08) HMIS Formats
2. Estimated No. of Eligible Couples Unsterilized {Formula=EC(1-CUS/100) Where EC (Estimated No. of Eligible Couples) = Midyear Population(RGI)*Eligible Couples Rate (Census) CUS=Couples (%) Currently Using Sterilisation (NFHS-III)}
3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Dist*No of Mon)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table C.2: Oral Pill Users

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Estimated no of Eligible Couples Unsterilised during 2008-09	Achievement during April to March			OP Users per 10,000 unsterilised couples 2008-09	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	52,14,000	3,48,121	3,59,975	-3.3	667	94.0
	Assam	38,36,000	43,608	31,275	39.4	113	73.5
	Bihar	1,24,99,000	16,181	6,881	135.1	12	58.8
	Chhattisgarh	22,21,000	1,61,164	78,909	104.2	725	70.6
	Gujarat	55,50,000	2,75,258	2,95,826	-7.0	495	100.0
	Haryana	24,78,000	1,09,912	84,547	30.0	443	81.9
	Jharkhand	40,59,000	77,005	84,693	-9.1	189	48.3
	Karnataka	40,77,000	2,93,271	1,67,188	75.4	719	80.0
	Kerala	27,33,000	26,272	32,152	-18.3	96	49.7
	Madhya Pradesh	66,10,000	91,277	6,09,535	-85.0	138	56.9
	Maharashtra	86,14,000	2,84,035	3,25,129	-12.6	329	96.8
	Orissa	43,10,000	1,55,274	1,89,828	-18.2	360	77.1
	Punjab	28,74,000	99,076	1,14,769	-13.7	344	92.5
	Rajasthan	74,17,000	8,19,426	10,27,399	-20.2	1,104	100.0
	Tamil Nadu	50,63,000	1,31,227	1,29,514	1.3	259	46.6
	Uttar Pradesh	2,61,81,000	5,54,707	7,47,839	-25.8	211	61.8
	West Bengal	97,47,000	6,70,333	6,71,063	-0.1	687	78.3
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	1,42,000	1,326	1,257	5.5	93	64.1
	Delhi	21,93,000	9,623	12,201	-21.1	43	76.4
	Goa	1,70,000	3,248	1,876	73.1	191	52.1
	Himachal Pradesh	4,86,000	29,802	28,043	6.3	613	93.1
	Jammu & Kashmir	12,35,000	8,425	14,665	-42.5	68	76.7
	Manipur	2,83,000	839	583	43.9	29	58.3
	Meghalaya	3,25,000	3,463	2,852	21.4	106	61.9
	Mizoram	72,000	4,264	4,372	-2.5	592	46.2
	Nagaland	2,27,000	403	951	-57.6	17	53.0
	Sikkim	62,000	4,761	4,796	-0.7	768	72.9
	Tripura	4,43,000	14,562	16,093	-9.5	328	76.0
	Uttarakhand	10,47,000	46,908	48,239	-2.8	448	100.0
III. UNION TERRITORIES	A & N Islands	41,000	944	1,470	-35.7	230	13.5
	Chandigarh	1,69,000	651	684	-4.8	38	100.0
	Dadra & Nagar Haveli	39,000	411	1,643	-74.9	105	95.8
	Daman & Diu	21,000	270	536	-49.7	128	25.0
	Lakshadweep	11,000		110	-99.6		25.0
	Puducherry	1,02,000	1,586	142	1015.7	155	39.6
IV. OTHER AGENCIES	M/O Defence	.	2,437	3,524	-30.8	.	75.0
	M/O Railways	.	2,201	3,286	-33.0	.	75.0
Total Free Distn.(All India)		12,05,51,000	12,05,51,000	42,92,287	51,03,858	-15.9	356
Social marketing Distn.		.	.	.	30,48,236	.	.
Total Free Distn.(All India) + Social marketing Distn.		12,05,51,000	12,05,51,000	42,92,287	81,52,094	-47.3	.

Explanatory Note:

1. Data Source: OP USERS = Item Code (M 9.07) HMIS Formats
2. Estimated No. of Eligible Couples Unsterilised {Formula=EC(1-CUS/100) Where EC (Estimated No. of Eligible Couples) = MidYearPopulation(RGI)*Eligible Couples Rate (Census) ; CUS=Couples (%) Currently Using Sterilisation (NFHS-III)}
3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table C.3: Intra Uterine Device (IUD Insertions)

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Estimated No of Eligible Couples Unsterilised during 2008-09	Achievement during April to March			IUD per 10,000 unsterilised couples 2008-09	Data Entered %
			2008-09	2007-08	% Change		
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	52,14,000	4,09,270	4,07,203	0.5	784.0	100.0
	Assam	38,36,000	30,273	27,758	9.1	78.0	98.5
	Bihar	1,24,99,000	41,407	44,923	-7.8	33.0	71.1
	Chhattisgarh	22,21,000	1,55,704	1,15,525	34.8	701.0	88.4
	Gujarat	55,50,000	5,91,564	4,86,918	21.5	1065.0	100.0
	Haryana	24,78,000	4,71,278	1,62,013	190.9	1901.0	93.3
	Jharkhand	40,59,000	70,674	76,118	-7.2	174.0	63.2
	Karnataka	40,77,000	2,77,140	2,76,098	0.4	679.0	99.4
	Kerala	27,33,000	64,029	65,549	-2.3	234.0	99.4
	Madhya Pradesh	66,10,000	7,13,390	5,01,433	42.3	1079.0	88.0
	Maharashtra	86,14,000	3,95,469	4,08,689	-3.2	459.0	97.1
	Orissa	43,10,000	1,37,089	1,61,051	-14.9	318.0	96.1
	Punjab	28,74,000	2,64,813	3,13,453	-15.5	921.0	99.6
	Rajasthan	74,17,000	3,53,877	3,38,018	4.7	477.0	100.0
	Tamil Nadu	50,63,000	3,10,205	3,53,149	-12.2	612.0	93.2
	Uttar Pradesh	2,61,81,000	13,41,765	17,86,537	-24.9	512.0	56.9
	West Bengal	97,47,000	87,980	89,350	-1.5	90.0	96.9
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	1,42,000	1,025	2,524	-59.4	72.0	49.5
	Delhi	21,93,000	18,466	46,020	-59.9	84.0	91.7
	Goa	1,70,000	2,709	2,629	3.0	159.0	100.0
	Himachal Pradesh	4,86,000	27,923	27,352	2.1	574.0	100.0
	Jammu & Kashmir	12,35,000	17,645	25,345	-30.4	142.0	83.3
	Manipur	2,83,000	3,904	3,585	8.9	137.0	93.5
	Meghalaya	3,25,000	1,130	1,535	-26.4	34.0	73.8
	Mizoram	72,000	1,927	2,309	-16.5	267.0	70.5
	Nagaland	2,27,000	673	1,896	-64.5	29.0	49.2
	Sikkim	62,000	931	1,587	-41.3	150.0	64.6
	Tripura	4,43,000	4,836	1,579	206.3	109.0	100.0
	Uttarakhand	10,47,000	81,338	1,40,932	-42.3	776.0	100.0
III. UNION TERRITORIES	A & N Islands	41,000	585	813	-28.0	142.0	14.6
	Chandigarh	1,69,000	4,214	4,673	-9.8	249.0	100.0
	Dadra & Nagar Haveli	39,000	131	163	-19.6	33.0	100.0
	Daman & Diu	21,000	97	252	-61.5	46.0	25.0
	Lakshadweep	11,000	5	48	-89.6	4.0	25.0
	Puducherry	1,02,000	2,452	3,266	-24.9	240.0	47.9
IV. OTHER AGENCIES	M/O Defence	.	5,417	6,440	-15.9	.	75.0
	M/O Railways	.	2,797	4,423	-36.8	.	75.0
TOTAL	All India	12,05,51,000	58,94,132	58,91,156	0.1	488.0	84.7

Explanatory Note:

1. Data Source: IUD INSERTIONS = Item Code (M 9.5.1.a,9.5.1.b,9.5.1.c,9.5.1.d,9.5.1.e,9.5.2) HMIS Formats

2. Estimated No. of Eligible Couples Unsterilised

Where EC (Estimated No. of Eligible Couples) = MidYearPopulation(RGI)*Eligible Couples Rate (Census) ;

CUS=Couples (%) Currently Using Sterilisation (NFHS-III)}

3. Data Entered % = {Data entry done for the State

(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }

4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009

Table C.4: Sterilisation

Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Estimated no of Eligible Couples during 2008-09		Achievement during April to March			Estimated Unsterilised Couples exposed to higher order of birth 3&3+ (in 000's)	Sterilisation per 10,000 unsterilised couples exposed to higher order of birth 3&3+	Data Entered %
		Total Couples	Unsterilised Couples	2008-09	2007-08	% Change			
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	1,52,46,000	52,14,000	10,12,034	7,25,217	39.5	1,100	9,200	100.0
	Assam	44,19,000	38,36,000	48,139	38,570	24.8	1,569	306	90.7
	Bihar	1,65,33,000	1,24,99,000	2,48,954	3,07,156	-18.9	6,537	380	79.4
	Chhattisgarh	39,66,000	22,21,000	1,71,062	1,63,921	4.4	1,068	1,601	84.7
	Gujarat	98,23,000	55,50,000	3,25,107	3,15,149	3.2	2,103	1,545	100.0
	Haryana	40,55,000	24,78,000	86,492	83,226	3.9	823	1,050	93.3
	Jharkhand	53,27,000	40,59,000	66,671	2,02,113	-67.0	2,025	329	52.8
	Karnataka	96,16,000	40,77,000	4,15,085	3,52,309	17.8	1,174	3,535	99.4
	Kerala	54,33,000	27,33,000	1,27,271	1,35,161	-5.8	508	2,505	100.0
	Madhya Pradesh	1,21,50,000	66,10,000	5,45,361	4,51,896	20.7	3,113	1,751	94.7
	Maharashtra	1,84,05,000	86,14,000	5,35,635	5,54,284	-3.4	2,317	2,311	97.1
	Orissa	65,40,000	43,10,000	90,953	1,20,983	-24.8	1,586	573	95.8
	Punjab	42,26,000	28,74,000	89,045	1,03,908	-14.3	825	1,079	100.0
	Rajasthan	1,14,10,000	74,17,000	3,56,923	3,31,309	7.7	3,575	998	100.0
	Tamil Nadu	1,13,52,000	50,63,000	3,43,201	3,52,856	-2.7	1,089	3,151	93.8
	Uttar Pradesh	3,17,34,000	2,61,81,000	3,93,576	8,78,354	-55.2	14,557	270	57.9
	West Bengal	1,45,26,000	97,47,000	2,82,824	2,90,584	-2.7	3,051	926	97.4
II. SMALLER STATES/U. T.s (Population < 20 million)	Arunachal Pradesh	1,83,000	1,42,000	1,900	2,656	-28.5	73	260	44.8
	Delhi	28,78,000	21,93,000	16,809	29,238	-42.5	730	230	90.7
	Goa	2,30,000	1,70,000	5,354	5,329	0.5	31	1,727	100.0
	Himachal Pradesh	10,88,000	4,86,000	32,074	56,960	-43.7	116	2,765	100.0
	Jammu & Kashmir	17,37,000	12,35,000	14,399	21,894	-34.2	524	274	81.1
	Manipur	3,10,000	2,83,000	2,148	216	894.4	112	191	56.5
	Meghalaya	3,59,000	3,25,000	1,933	1,871	3.3	185	104	58.3
	Mizoram	1,26,000	72,000	3,369	1,874	79.8	30	1,123	61.4
	Nagaland	2,52,000	2,27,000	490	1,126	-56.5	129	37	40.9
	Sikkim	84,000	62,000	272	4	6700.0	21	129	60.4
	Tripura	5,41,000	4,43,000	7,318	5,033	45.4	107	683	97.9
	Uttarakhand	15,84,000	10,47,000	33,422	49,953	-33.1	410	815	100.0
III. UNION TERRITORIES	A & N Islands	74,000	41,000	697	1,009	-30.9	8	871	14.6
	Chandigarh	2,14,000	1,69,000	1,941	481	303.5	78	248	100.0
	Dadra & Nagar Haveli	55,000	39,000	1,114	937	18.9	18	618	100.0
	Daman & Diu	37,000	21,000	306	5	6020.0	7	437	25.0
	Lakshadweep	12,000	11,000	2	22	-90.9	5	4	25.0
	Puducherry	2,06,000	1,02,000	9,196	10,303	-10.7	22	4,180	45.8
IV. OTHER AGENCIES	M/O Defence	.	.	9,627	12,063	-20.2	.	.	75.0
	M/O Railways	.	.	2,581	4,843	-46.7	.	.	75.0
TOTAL	All India	19,47,31,000	12,05,51,000	52,83,285	56,12,813	-5.9	49,626	1,064	83.8

Explanatory Note:

1. Data Source: STERILISATION = Item Code (M 9.1.1.a,9.1.1.b,9.1.1.c,9.1.1.d,9.1.2,9.2.1.a,9.2.1.b,9.2.1.c,9.2.1.d,9.2.2,9.3.1.a,9.3.1.b,9.3.1.c,9.3.1.d,9.3.2,9.4.1.a,9.4.1.b,9.4.1.c,9.4.1.d,9.4.2) HMIS Formats
2. Estimated No. of Eligible Couples Unsterilised {Formula=EC(1-CUS/100) Where EC (Estimated No. of Eligible Couples) = MidYearPopulation(RGI)*Eligible Couples Rate (Census) ; CUS=Couples (%) Currently Using Sterilisation (NFHS-III)}
3. Data Entered % = {Data entry done for the State(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }
4. . = Data not reported by States

Performance Statistics - April 2008 to March 2009
Table C.5: Percentage of Vasectomy to Total Sterilisations
 Provisional Figures (Status as on: 4 August, 2009)

State/UT/Agency		Vasectomy	Tubectomy	Sterilisation	% of Vasectomy to total Sterilisations	Data Entered % For Vasectomy	Data Entered % For Tubectomy
I. MAJOR STATES (Population > 20 million)	Andhra Pradesh	29,825	9,82,209	10,12,034	2.9	100.0	100.0
	Assam	1,239	46,900	48,139	2.6	26.2	90.7
	Bihar	29,282	2,19,672	2,48,954	11.8	59.6	68.6
	Chhattisgarh	10,438	1,60,624	1,71,062	6.1	80.6	84.7
	Gujarat	11,530	3,13,577	3,25,107	3.5	100.0	100.0
	Haryana	11,342	75,150	86,492	13.1	92.1	91.3
	Jharkhand	9,691	56,980	66,671	14.5	49.0	43.8
	Karnataka	6,616	4,08,469	4,15,085	1.6	79.6	99.1
	Kerala	4,652	1,22,619	1,27,271	3.7	98.8	100.0
	Madhya Pradesh	32,463	5,12,898	5,45,361	6.0	94.2	92.7
	Maharashtra	37,544	4,98,091	5,35,635	7.0	97.1	97.1
	Orissa	5,579	85,374	90,953	6.1	76.7	95.3
	Punjab	11,917	77,128	89,045	13.4	99.6	100.0
	Rajasthan	12,219	3,44,704	3,56,923	3.4	100.0	100.0
	Tamil Nadu	3,024	3,40,177	3,43,201	0.9	93.8	93.8
	Uttar Pradesh	13,663	3,79,913	3,93,576	3.5	53.5	57.4
	West Bengal	40,237	2,42,587	2,82,824	14.2	97.4	97.4
II. SMALLER STATES/U.T.s (Population < 20 million)	Arunachal Pradesh	11	1,889	1,900	0.6	40.6	44.3
	Delhi	4,356	12,453	16,809	25.9	79.6	89.8
	Goa	29	5,325	5,354	0.5	100.0	100.0
	Himachal Pradesh	3,939	28,135	32,074	12.3	100.0	100.0
	Jammu & Kashmir	2,411	11,988	14,399	16.7	72.0	80.3
	Manipur	900	1,248	2,148	41.9	42.6	49.1
	Meghalaya	9	1,924	1,933	0.5	36.9	57.1
	Mizoram	106	3,263	3,369	3.1	21.2	61.4
	Nagaland	53	437	490	10.8	31.1	40.2
	Sikkim	151	121	272	55.5	60.4	54.2
	Tripura	1,090	6,228	7,318	14.9	77.1	95.8
	Uttarakhand	3,868	29,554	33,422	11.6	100.0	100.0
III. UNION TERRITORIES	A & N Islands	7	690	697	1.0	14.6	14.6
	Chandigarh	34	1,907	1,941	1.8	100.0	100.0
	Dadra & Nagar Haveli		1,114	1,114	0.0	91.7	100.0
	Daman & Diu	5	301	306	1.6	25.0	25.0
	Lakshadweep		2	2	0.0	25.0	25.0
	Puducherry	19	9,177	9,196	0.2	39.6	45.8
IV. OTHER AGENCIES	M/O Defence	1,438	8,189	9,627	14.9	75.0	75.0
	M/O Railways	308	2,273	2,581	11.9	75.0	75.0
TOTAL	All India	2,89,995	49,93,290	52,83,285	5.5	75.2	82.2

Explanatory Note:

1. Data Source: {VASECTOMY = Item Code (M 9.1.1.a,9.1.1.b,9.1.1.c,9.1.1.d,9.1.2)

TUBECTOMY = Item Code (M 9.2.1.a,9.2.1.b,9.2.1.c,9.2.1.d,9.2.2,9.3.1.a,9.3.1.b,9.3.1.c,9.3.1.d,9.3.2,9.4.1.a,9.4.1.b,9.4.1.c,9.4.1.d,9.4.2)} HMIS Formats

2. Data Entered % = {Data entry done for the State

(No of Districts reporting in each month/Total no of Districts*No of Months)*100 during 2008-09 }

3. . = Data not reported by States

METHODOLOGY FOR COMPUTING INDICATORS

The state-wise data sheets were queried from the HMIS web portal to get month-wise committed data from states for 2008-09. The available committed data for 26 states and UTs was used. For the remaining 9 states / UTs, committed as well as uncommitted data was queried from the portal. The All India aggregates were then compiled for the data generated for all the 35 states and UTs.

While the number of indicators that can be generated from the portal is vast, a sample of key indicators for each technical area was decided for further analysis, looking at state-wise trends at the all India level and comparing it with the trends in the NRHM High Focus states⁵. These indicators were also compared across states:

- Proportion (%) of 1st trimester ANC registration,

$$= \frac{\text{ANCs registered in the first trimester} \times 100}{\text{Total ANCs registered.}}$$

- Proportion (%) of 3 ANC checkups

$$= \frac{\text{No. of women receiving 3 ANC checkups} \times 100}{\text{Total ANCs registered.}}$$

- Proportion (%) of institutional deliveries

$$= \frac{\text{No. of deliveries in (public institutions + accredited private institutions)} \times 100}{\text{Total no. of deliveries (home + public institutions + accredited private institutions)}}$$

- Proportion (%) of safe deliveries

$$= \frac{\text{No. of skilled deliveries at home + No. of Institutional deliveries} \times 100}{\text{Total no. of deliveries (home + institutional)}}$$

- Proportion (%) of women staying at least 48 hrs post delivery in public institutions

$$= 1 - \frac{\text{No. of women discharged within 48 hours after delivery in public institutions} \times 100}{\text{Total no. of deliveries in public institutions}}$$

⁵ The NRHM High Focus states include the eight erstwhile EAG states, Himachal Pradesh, Jammu & Kashmir, the seven North East States, and Sikkim.

- Proportion (%) of women receiving post natal care within 48 hours

$$= \frac{\text{No. of women receiving post natal care within 48 hours of delivery}}{\text{Total no. of deliveries (home + institutional)}} \times 100$$

- Proportion (%) of new female RTI/ STI cases, for which treatment is initiated

$$= \frac{\text{No. of new RTI/ STI cases for which treatment initiated (female)}}{\text{Total no. of new RTI/ STI cases for which treatment initiated}} \times 100$$

- Wet mount tests conducted per 100 new female RTI/ STI cases where treatment is initiated

$$= \frac{\text{No. of wet mount tests conducted}}{\text{No. of new RTI/ STI cases for which treatment initiated (female)}} \times 100$$

- Proportion (%) of newborns breastfed within one hour

$$= \frac{\text{No. of newborns breastfed within one hour}}{\text{Total no. of live birth}} \times 100$$

- Low Birth Weight rate

$$= \frac{\text{No. of newborns weighed having birth weight less than 2.5 kilograms}}{\text{Total no. of newborns weighed at birth}} \times 100$$

- Drop out between BCG and measles

$$= \frac{\text{No. of infants 0-11 months old who received (BCG – measles)}}{\text{No. of infants 0-11 months old who received BCG}} \times 100$$

- Proportion of male sterilisation to total sterilisation

$$= \frac{\text{No. of male sterilisation (public and private institutions)}}{\text{Total sterilisation}} \times 100$$

where Total sterilisation = No. of male sterilisation in public and private institutions + no. of female sterilisation (laparoscopic + minilap + postpartum) in public and private institutions

- Sex ratio at birth

$$= \frac{\text{No. of live birth female}}{\text{No. of live birth male}} \times 1000$$

- Proportion (%) of planned immunisation sessions held

$$= \frac{\text{No. of immunisation sessions held}}{\text{No. of immunisation sessions planned}} \times 100$$

- Proportion (%) of immunisation sessions where ASHA was present

$$= \frac{\text{No. of immunisation sessions where ASHA was present}}{\text{No. of immunisation sessions held}} \times 100$$

- Use of ambulance services for patient transport, per facility, per month

$$= \frac{\text{Total no. of times ambulance was used for transporting patients during the month}}{\text{Number of facilities having Ambulance services Assured Referral Services available}} \times 100$$

(for the annual data, the numerator was divided by 12)

- Proportion (%) of children provided with free glasses

$$= \frac{\text{No. of children provided with free glasses}}{\text{No. of school children detected with refractive errors}} \times 100$$

Contact Details:
**Ministry of Health & Family Welfare,
(Statistics Division)**

Nirman Bhawan, New Delhi-110108

Tele Fax: 011-23061238, 23062647

Email: hmis-nrhm@nic.in